

Patient Information: PLEASE FAX with Patient Demographic Sheet & Rx Insurance Card

REQUIRED	FIRST NAME:	LAST NAME:	Additional Info	ADDRESS:
	PRIMARY PH #:	SECOND PH #:		CITY, STATE, ZIP:
	DATE OF BIRTH:			EMAIL ADDRESS:
	ALLERGIES:			LAST 4 DIGITS OF SSN:

Rx Medication Order: Pharmacist Please Compound: *Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.*

TRANSDERMAL CREAMS:

BI-EST Cream Check one **Dose:** 0.75mg/gm 1.25mg/gm 2.5mg/gm 5mg/gm _____:_____ mg/gm
 Select BI-EST Ratio of Estriol (E₃) : Estradiol (E₂) (80:20) (50:50) (10:90) Note: If no selection, fill (80:20)

Progesterone Cream Check one **Dose:** 10mg/gm 20mg/gm 30mg/gm 50mg/gm _____mg/gm

Testosterone Cream Check one **Dose:** 0.25mg/gm 0.5mg/gm 1mg/gm 2mg/gm _____mg/gm

Custom Blended Cream Estriol _____ mg/gm, Estradiol _____ mg/gm, Progesterone _____ mg/gm, Testosterone _____ mg/gm

SIG: Apply 1gm to inner arm, thigh or lower abdomen QD (rotate sites) **QTY:** 30gm 60gm 90gm
NOTE: Medications will be combined into a single cream unless otherwise requested. **Refills:** _____

VAGINAL CREAMS:

Estriol (E₃) Emollient Cream Check one **Dose:** 0.5mg/gm 1mg/gm 2mg/gm _____ mg/gm **QTY:** 30gm
SIG: Insert 1gm vaginally QHS for 2 weeks, then 2 times weekly for 2 weeks, then PRN **Refills:** _____

Estradiol (E₂) Emollient Cream Check one **Dose:** 0.5mg/gm 1mg/gm 2mg/gm _____ mg/gm **QTY:** 30gm
SIG: Insert 1/2 gm vaginally QHS for 7 days, then use 2 times weekly **Refills:** _____

Testosterone Emollient Cream Check one **Dose:** 0.25mg/gm 0.5mg/gm 1mg/gm _____ mg/gm **QTY:** 30gm
SIG: Insert 1gm vaginally QHS for 7-10 days, then 2 to 3 times a week **Refills:** _____

ORAL CAPSULES:

Compounded Progesterone Capsules **Dose:** 25mg 50mg 75mg _____ mg
SIG: Take 1 cap at bedtime to relieve insomnia **QTY:** 30 caps 60 caps 90 caps 180 caps **Refills:** _____

PRICES FOR ABOVE BHRT *except capsules:	30gm	60gm	90gm
1 Ingredient (single hormone, includes Testosterone)	\$50	\$74	\$110
2 Ingredients (2 hormones)	\$55	\$82	\$121
3 Ingredients (3 hormones)	\$60	\$89	\$132
4 Ingredients (4 hormones)	\$65	\$96	\$143

Amount is per capsule or 1gm of cream. Creams are dispensed in convenient pump bottles or tubes unless otherwise requested. All formulations are gluten, casein, dye, sulfate & paraben free. Capsules are vegetarian upon request. Vaginal creams are alcohol free. 1gm = 1mL = 1cc

Prescriber Information:

PRESCRIBER'S SIGNATURE:

PRESCRIBER NAME (PRINT):

NPI# or DEA# (CTP# for CNPs only): _____ **DATE:** _____

Contact Information:

ADDRESS:

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE #: _____ **FAX #:** _____