

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

<b>REQUIRED</b>	<b>FIRST NAME:</b>	<b>LAST NAME:</b>	<b>Additional Info</b>	ADDRESS:
	<b>PRIMARY PH #:</b>	<b>SECOND PH #:</b>		CITY, STATE, ZIP:
	<b>DATE OF BIRTH:</b>			EMAIL ADDRESS:
	<b>ALLERGIES:</b>			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.*

LACTATION:	VAGINITIS:	PAIN MANAGEMENT		
<input type="checkbox"/> <b>Sore &amp; Cracked Nipples from Nursing</b>  Mupirocin 2% Oint + Betamethasone 0.1% Oint + Nystatin 100,000 u/gm Oint + Clotrimazole 2% Cream (in equal parts)  <b>SIG:</b> Apply sparingly to nipple after each feeding (max 8 applications per day). Do not rinse off.  <b>QTY:</b> 60gm <span style="border: 1px solid green; padding: 2px;">60gm: \$55</span> Refill: 5	<input type="checkbox"/> <b>Dr. Newman's Nipple Ointment</b>  Mupirocin 2% + Betamethasone valerate 0.1% + Clotrimazole 2% Ointment  <b>SIG:</b> Apply sparingly to nipple after each feeding (max 8 applications per day). Do not rinse off.  <b>QTY:</b> 60gm <span style="border: 1px solid green; padding: 2px;">60 gm: \$49</span> Refills: 5	<input type="checkbox"/> <b>Recurrent Vaginal Candida</b>  Boric Acid 600mg Vaginal Suppository  <b>SIG:</b> Insert 1 suppository vaginally daily  <b>QTY:</b> <input type="checkbox"/> 14 supp <span style="border: 1px solid green; padding: 2px;">14 supp: \$28</span> <input type="checkbox"/> 28 supp <span style="border: 1px solid green; padding: 2px;">28 supp: \$49</span> Refill: 5	<input type="checkbox"/> <b>Vulvodynia</b>  Amitriptyline HCl 2% + Baclofen 2% + Gabapentin 5% Vaginal Cream <input type="checkbox"/> add Lidocaine 5%  <b>SIG:</b> Use 0.5gm on vulva up to 3 times daily  <b>QTY:</b> 30gm <span style="border: 1px solid green; padding: 2px;">30 gm: \$44</span> Refill: 5	<input type="checkbox"/> <b>Interstitial Cystitis</b>  Diazepam Vaginal Suppositories  <b>DOSE:</b> <input type="checkbox"/> 5mg <input type="checkbox"/> 10mg <input type="checkbox"/> 20mg  <b>SIG:</b> Insert 1 suppository vaginally every 4-6 hours PRN  <b>QTY:</b> 30 each (Thirty) <span style="border: 1px solid green; padding: 2px;">30 ea: \$41</span> Refill: 5

INTIMACY:	OTHER COMPOUNDED PRODUCTS:		
<input type="checkbox"/> <b>Climax Cream</b>  Sildenafil Citrate 1% Cream  <b>SIG:</b> Apply 1 click (0.25gm) to clitoris 15 to 20 minutes prior to intercourse (Massaging gently with fingertip into area between urine opening and clitoris, then directly on clitoral head and shaft. Gently spread remainder around inside of labia surrounding vaginal entrance).  <b>QTY:</b> <input type="checkbox"/> 5gm <span style="border: 1px solid green; padding: 2px;">5gm: \$40</span> <input type="checkbox"/> 10gm <span style="border: 1px solid green; padding: 2px;">10gm: \$60</span> <input type="checkbox"/> 15gm <span style="border: 1px solid green; padding: 2px;">15gm: \$90</span> Refill: 5	<input type="checkbox"/> <b>Testosterone Transdermal Cream</b>  Testosterone 2mg/gm Transdermal HRT Cream  <b>SIG:</b> Apply 1 gm to inner arm, thigh or lower abdomen daily (rotate sites)  <b>QTY:</b> 30gm <span style="border: 1px solid green; padding: 2px;">30gm: \$50</span> Refills: 5	<input type="checkbox"/> <b>Ketoprofen 20% + Lidocaine 5% Cream</b>  <b>SIG:</b> Apply BID-TID to _____ (area of body)  <b>QTY:</b> <input type="checkbox"/> 60gm <input type="checkbox"/> 120gm <span style="border: 1px solid green; padding: 2px;">60gm: \$39</span> <span style="border: 1px solid green; padding: 2px;">120gm: \$59</span> Refills: 5	<b>Rx:</b> _____  <b>SIG:</b> _____  <b>QTY:</b> _____ <b>Refills:</b> _____

<b>(OPTIONAL) ADDITIONAL NOTES:</b>	We also have Compounded Formulas for: <ul style="list-style-type: none"> <li>Vaginal Atrophy</li> <li>Male Hormone Replacement Therapy</li> <li>Many other conditions</li> </ul>
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<b>Prescriber Information:</b>	<b>Contact Information:</b>
<b>PRESCRIBER'S SIGNATURE:</b>	ADDRESS:
PRESCRIBER NAME (PRINT):	CITY: STATE: ZIP:
NPI# or DEA# (CTP# for CNPs only): DATE:	PHONE #: FAX #: