

Bio-Identical Hormone Replacement + Thyroid



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Please Send Patient Demographics
Along With New Prescription
Orders, Including List of Patient
Allergies & Insurance
Information/Social Security #

Patient Name: _____ Date of Birth: _____
Address: _____ Patient Phone: _____

Person Faxing Request: _____
Prescriber Name: _____ Prescriber Phone: _____
Prescriber DEA: _____ NPI: _____ Prescriber Fax: _____

Topical Dosage Forms (Doses are expressed as mg/2 clicks (in Topi-Click Metered Dispenser), in HRT Cream Base; can change to “Lipo” transdermal base upon request) (18 GM = 1 Month, 54 GM = 3 Month)

Estradiol _____ mg/2Clks Bi-Est (E3 70:E2 30) _____ mg/2Clks Progesterone _____ mg/2Clks
Estriol _____ mg/2Clks Tri-Est (E3 80:E2 10:E1 10) _____ mg/2Clks Testosterone _____ mg/2Clks
DHEA _____ mg/2Clks

Directions: Apply 2 clicks topically to skin once daily as directed Quantity: _____ Refills: _____

- **Each topical formulation includes 3% Pentoxifylline to increase local blood flow and enhance absorption**

Progesterone Vaginal Suppositories (Please circle one)

25mg 50mg 100mg 200mg Custom: _____ mg

Directions: Insert 1 suppository intravaginally (using applicator) once daily at bedtime as directed Quantity: _____ Refills: _____

Vaginal Creams (Please Circle Selection) (Specify quantity as # of months) (application can be changed to inner labia if preferred)

Estradiol 0.5mg/mL Quantity: _____ Refills: _____

Directions: Apply 0.1mL intravaginally (using applicator) every day at bedtime for 7 nights, then 2 times weekly for maintenance

Estriol 5mg/ML Quantity: _____ Refills: _____

Directions: Apply 0.2mL intravaginally (using applicator) every day at bedtime for 7 nights, then 2 times weekly for maintenance

Estradiol 0.3/Testosterone 0.1 mg/2 clks (Vestibulitis) Vaginal Cream Quantity: _____ Refills: _____

Directions: Apply 2 clicks to vaginal opening once daily at bedtime as directed

DHEA 13mg/ml Vaginal Cream Quantity: _____ Refills: _____

Directions: Transfer 2 clicks into vaginal applicator, then using applicator, insert dose intravaginally every day at bedtime as directed

(Please enter strength (mg/dose) of each individual ingredient you would like to include)

Oral Dosage Forms

Hormones ☐ Slow-release Capsules ☐ Regular-release Capsules ☐ Troches

Estradiol _____ mg Bi-Est (70:30) _____ mg Progesterone _____ mg DHEA _____ mg

Estriol _____ mg Tri-Est (80:10:10) _____ mg Testosterone _____ mg

Directions: Use 1 capsule/troche by mouth once daily as directed Quantity: _____ Refills: _____

Thyroid ☐ Slow-release Capsules ☐ Regular-release Capsules

T3 (Liothyronine) _____ mcg T4 (Levothyroxine) _____ mcg

Directions: Take 1 capsule by mouth every morning on an empty stomach Quantity: _____ Refills: _____

Prescriber Signature: _____ **Date:** _____