2704 N. Oak Street • Oak Center B-1 • Valdosta, GA 31602
Phone 229.244.5353 • Fax 229.244.5357
E-mail: hogansrx@gmail.com

Patient Name:	Prescriber:
Address:	Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Phone:
Phone #:	Fax:
Drug Allergies:	DEA #:

PRESCRIBER'S SIGNATURE: ______________________ DATE: ______________

Testosterone Gel 30G

__________ 20% (200mg/ml)
__________ 15% (150mg/ml)
__________ 10% (100mg/ml)
__________ Other

Dispensers

( ) MD Pump (0.5ml/pump)
( ) Click dispenser (0.25ml/click)

Directions:

__________ Apply 1 Gram (ml) once daily
__________ Other