



Est. 1976

Women's Health

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

PRESCRIBER'S SIGNATURE: _____ DATE: _____

Vaginal Cream Qty: 30 GM
 _____ Estradiol 0.01% (0.1mg/ml)
 _____ Aloe 0.5%
 _____ Vitamin E 20%

_____ Sig: Insert 1 GM vaginally at bedtime for 2 weeks, then insert 1 GM 2 to 3 times per week thereafter. Refills _____
 _____ Sig: _____

Hormones : **Circle One: Capsule or RDT or MG/ML cream or Troche**

Bi-Est (Estriol:Estradiol)	Bi-Est dose	Progesterone	Testosterone
_____ 80:20	_____ 0.5mg	_____ 20mg (2%)	_____ 0.3mg
_____ 60:40	_____ 1.0mg	_____ 25mg (2.5%)	_____ 0.5mg
_____ 50:50	_____ 1.25mg	_____ 100mg SR	_____ 1.0mg
_____ Other	_____ 2.5mg	_____ 200mg SR	_____ Other
	_____ Other	_____ Other	

_____ Other Combination: _____
 _____ Sig: Cream: Apply 1ml to inner thigh daily **Refills: _____**
 _____ Sig: Capsule: Take 1 capsule by mouth daily

Miscellaneous

_____ **Promethazine 25mg/G QTY: 30GM**
 _____ Sig: Apply 1 to 2 pumps (12.5mg - 25mg) to inner wrist (rub wrists together) every
 4 to 6 hours as needed for nausea and/or vomiting **Refills: _____**

_____ **Dream Cream Qty: 30 GM**
 _____ Sig: Apply to clitoris 15 to 30 minutes prior to intercourse
 _____ **Refills: _____**

_____ **Boric Acid 600mg Vaginal Suppository Qty: _____**
 _____ Sig: Insert 1 suppository vaginally at bedtime
 _____ **Refills: _____**