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ENDOCRINOLOGY, OB/GYN, WOMEN'S HEALTH COMPOUNDS

ANY OF THESE MEDICATIONS CAN BE MODIFIED TO YOUR LIKING

( ) BHRT (Bio-identical Hormone Replacement Therapy) (Please check and circle)

( ) Bi-Estrogen [Estriol/Estradiol] (80/20) (70/30) (60/40) _____ mg

( ) Progesterone _____ mg

( ) Testosterone _____ mg

( ) DHEA _____ mg

( ) Capsule [Regular or SR] ( ) Cream [per ½ml or 1ml] ( ) Suppository ( ) Troche ( ) Topical Liquid

MEDICATION	FORMS	ACTIONS/USES	QUANTITY
( ) Estriol 0.1% , 0.3%	Cream	Vaginal dryness	30gm or 45gm
( ) Testosterone 1%	Cream	Libido	30gm
( ) Sildenafil 1%	Gel	Libido	10ml
( ) Boric acid 600mg	Suppository	Recurrent vaginitis	QS
( ) hCG	Cream	Weight loss	10ml
( ) Phentermine 15mg	Lollipop	Weight loss	30
( ) Phentermine 37.5mg/ Chromium Picolinate 200 mcg	SR Caps	Weight loss	30
( ) Metronidazole 500 mg/ Nystatin 100,000u	Suppository	Trichonomas	15
( ) Ginger Root 200 mg	Lollipop	Nausea/Vomiting	15
( ) Promethazine 25 mg/ml	Cream	Nausea/Vomiting	10 – 15 ml
( ) Ondansetron 4mg/0.1ml	Cream	Nausea/Vomiting	3ml
( ) Doxylamine Succinate 10 mg/ Pyridoxine HCI 10 mg	Suppository	Nausea/Vomiting	15
( ) Ketoprofen 10%/Cyclobenzaprine 2%	Cream	Pelvic Pain	30, 60 gm
( ) Diazepam 5 mg,10mg (+lidocaine ___%)	Suppository	Pelvic Spasms	30, 60
( ) Progesterone 50mg, 100mg, 200mg	Suppository	Endometriosis/Prevent miscarriages	QS
( ) Oxytocin 40 U/ml	Nasal	Increase lactation	5ml or 10ml
( ) Liothyronine (T3) _____mg +/- Capsule Levothyroxine (T4) ____ mg SR		Hypothyroidism	QS
( ) Testosterone 50mg/ml or 100 mg/ml	Cream	Male andropause	30ml or 60ml

( ) Others:_____

Direction for use:_____

Refills:_____

Comments:_____

Doctor's Name _____ **Doctor's Signature** _____

Doctor's Address _____ Doctor's Phone # _____

Patient's Name _____ Patient's Phone #_____