



# Women's Health & HRT Prescription Order Form

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Progesterone Capsule

Check one:  IR  SR

Strength:  100mg  200mg  Other: \_\_\_\_\_

Directions:  1 capsule QHS  Other: \_\_\_\_\_

Quantity:  30 days  60 days  90 days

Refills: \_\_\_\_\_

### Progesterone 200mg Troche

Dissolve troche between gum & cheek.

Check one:  1/4 troche  1/2 troche  1 troche

Directions:  QHS  Other: \_\_\_\_\_

Quantity:  30 days  60 days  90 days

Refills: \_\_\_\_\_

### HRT Troche

Dissolve troche between gum & cheek.

Progesterone:  100mg  200mg  Other: \_\_\_\_\_

Biest (80% estrial, 20% estradiol):  1.25mg  2.5mg  Other: \_\_\_\_\_

Add ingredient(s): \_\_\_\_\_

Directions:  QD  BID  Other: \_\_\_\_\_

Quantity:  30 days  60 days  90 days

Refills: \_\_\_\_\_

### HRT Cream

Apply topically as directed.

Progesterone:  100mg  200mg  Other: \_\_\_\_\_

Biest (80% estrial, 20% estradiol):  1.25mg  2.5mg  Other: \_\_\_\_\_

Add ingredient(s): \_\_\_\_\_

Directions:  QD  BID  Other: \_\_\_\_\_

Quantity:  30gm  60gm  90gm

Refills: \_\_\_\_\_

#### Troche Flavor (Choose 1)

- Chocolate Marshmallow
- Cherry
- Spearmint
- Peppermint
- Bubblegum
- Raspberry
- Strawberry
- Orange
- Grape
- Banana

Provider's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ NPI: \_\_\_\_\_

Dispense as written

Substitution permitted