



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: _____

Troche Flavor (Choose 1)

- Chocolate Marshmallow
- Strawberry
- Peppermint

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: _____

Provider's Name: _____

Phone Number: _____ NPI: _____

Dispense as written

Substitution permitted