



True Compounding
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truecompounding.net

BHRT 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.

Testosterone: ☐ Indicate Strength: _____

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.

Testosterone: ☐ Indicate Strength: _____

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: _____

X _____
Dispense as written

X _____
Substitution permitted