GULFCARE PHARMACY

Retail and Compounding Pharmacy

8340 Lakewood Ranch Blvd Suite 105 ♦ Bradenton, FL 34202

Phone: 941-500-1066 ♦ Rx Fax Line: 941-500-1067

gulfcarepharmacy@gmail.com ♦ www.gulfcarepharmacy.com

Request for Pharmacist Recommended Bio-identical Hormone Replacement Therapy

Date _____

Dear Compounding Pharmacist,

Please recommend BHRT therapy and/or dosage for the following patient:

Patient Name: _____

Patient Phone: _____

Date of Birth: _____

Date of Last Menstrual Cycle: _____

Hysterectomy: □ Yes □ No Ovaries Removed: □ Yes □ No

□ Currently □ Previously prescribed HRT □ Yes □ No If Yes, please explain: _____

_____

Hormone Levels Results □ are attached □ will be sent when received

Patient has the following issues to be addressed:

___ Acne	___ Breast Tenderness	___ Chronic Fatigue
___ Headaches	___ Hot Flashes	___ Low Libido
___ Mood Changes	___ Night Sweats	___ Sleep Disturbances
___ Vaginal Dryness	___ Weight Changes	___ Other: _____

Additional Information: _____

_____

_____

□ DR. □ PA □ NP NAME: _____

PHONE: _____ FAX: _____ EMAIL: _____

PREFERRED CONTACT: □ PHONE □ FAX □ EMAIL □ TEXT _____ *(if different than phone)*

Please allow 2 business days to receive a recommendation from the pharmacist.

Once a recommendation has been received a licensed prescriber must still write and approve a prescription to be filled by the pharmacy.