

# HRT RX ORDER FORM



**S&J Argyle Pharmacy**  
101 Old Town Blvd. S. #102  
Argyle, TX 76226  
PH: 940-464-4500  
FAX: 940-464-4533

Patient Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Transdermal Cream

- Estriol**    **Estradiol**    **Biest:** \_\_\_80/20\_\_\_50/50  
\_\_\_0.5mg\_\_\_1mg\_\_\_2mg\_\_\_3mg\_\_\_4mg\_\_\_5mg\_\_\_Other  
(QTY \_\_\_30g\_\_\_60g\_\_\_90g\_\_\_Other)  
SIG: Apply \_\_\_mL to skin \_\_\_QD\_\_\_BID\_\_\_Other
- Progesterone** \_\_\_50mg\_\_\_75mg\_\_\_100mg\_\_\_Other  
(QTY \_\_\_30g\_\_\_60g\_\_\_90g\_\_\_Other)  
SIG: Apply \_\_\_mL to skin \_\_\_QD\_\_\_BID\_\_\_Other
- Testosterone**  
\_\_\_0.5mg\_\_\_1mg\_\_\_2mg\_\_\_3mg\_\_\_4mg\_\_\_5mg\_\_\_Other  
(QTY \_\_\_30g\_\_\_60g\_\_\_90g\_\_\_Other)  
SIG: Apply \_\_\_mL to skin \_\_\_QD\_\_\_BID\_\_\_Other
- Other** \_\_\_\_\_ Strength \_\_\_\_\_  
(QTY \_\_\_30g\_\_\_60g\_\_\_90g\_\_\_Other)  
SIG: Apply \_\_\_mL to skin \_\_\_QD\_\_\_BID\_\_\_Other
- Combination Cream**    **Keep Separate**

## Sublingual

- Testosterone**  
\_\_\_1mg\_\_\_2mg\_\_\_3mg\_\_\_4mg\_\_\_5mg\_\_\_Other  
(QTY \_\_\_30\_\_\_60\_\_\_90\_\_\_Other)  
SIG: Dissolve \_\_\_tablet/trоче\_\_\_QD\_\_\_BID\_\_\_Other
- Other** \_\_\_\_\_ Strength \_\_\_\_\_  
(QTY \_\_\_30\_\_\_60\_\_\_90\_\_\_Other)  
SIG: Dissolve \_\_\_tablet/trоче\_\_\_QD\_\_\_BID\_\_\_Other

## Oral Capsule

- Progesterone** \_\_\_SR\_\_\_IR  
\_\_\_50mg\_\_\_100mg\_\_\_150mg\_\_\_200mg\_\_\_Other  
(QTY \_\_\_30\_\_\_60\_\_\_90\_\_\_Other)  
SIG: Take \_\_\_caps orally \_\_\_QD\_\_\_BID\_\_\_Other
- DHEA** \_\_\_SR\_\_\_IR  
\_\_\_25mg\_\_\_50mg\_\_\_100mg\_\_\_Other  
(QTY \_\_\_30\_\_\_60\_\_\_90\_\_\_Other)  
SIG: Take \_\_\_caps orally \_\_\_QD\_\_\_BID\_\_\_Other
- Other** \_\_\_\_\_ Strength \_\_\_\_\_  
(QTY \_\_\_30\_\_\_60\_\_\_90\_\_\_Other)  
SIG: Take \_\_\_caps orally \_\_\_QD\_\_\_BID\_\_\_Other
- Combination Cap**    **Keep Separate**

## Vaginal

### Atrophic Vaginitis (Vaginal Cream)

- Estriol 1mg/gram Cream**    **Estradiol 0.5mg/gram Cream**  
(QTY \_\_\_30\_\_\_60\_\_\_90\_\_\_Other)  
SIG: Insert 1gram pv qhs x2 week, then twice weekly thereafter

### Candida (Vaginal Suppository)

- Boric Acid 600mg**    **Boric Acid 800mg**  
(QTY \_\_\_\_\_)  
SIG: Insert 1 suppository pv \_\_\_QHS\_\_\_BID

### Scream Cream (Vaginal Cream)

- Sildenafil 2%/ Arginine 6%/ Theophylline 3%**  
(QTY 15grams)  
SIG: Apply small amount to clitoral area 30 min before intercourse

**PRICE: QTY** [#15: \$45] [#30: \$65] [#45: \$95] [#60: \$120] [#90: \$150] [#180: \$200]

PRESCRIBER NAME: \_\_\_\_\_ NPI: \_\_\_\_\_ DEA: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_  
PRESCRIBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ REFILLS: \_\_\_\_\_