424 E Pleasant Run Rd DeSoto, Tx 75115 (P) 469-297-5022 (F) 469-297-5036
www.healthfirstpharmacydfw.com

Patient Name: _____ **DOB:** _____ **Allergies:** _____ **M / F**
Address: _____ **Phone:** _____

Women's Health & Hormone Replacement

PLEASE CIRCLE OR ENTER CHOICES IN THE CHART BELOW

BHRT

Medications	Strength	Directions	Quantity (days)	Refills
Bi-Est: Estriol(E3) Estradiol(E2) Estrone (E1) cream capsule troche **80/20 70/30 50/50 __/___**	0.5mg 0.625mg 1mg 1.25mg 2mg 5mg 10mg ____mg	Apply ____gm QD 1 po qd	30 60 ____	_____ PRN NONE
Tri-Est: cream capsule troche **80/10/10** ___/___/___	0.5mg 0.625mg 1mg 1.25mg 2mg 5mg 10mg ___mg	Apply __gm QD 1 po qd	30 60 ____	_____ PRN NONE
Progesterone cream capsule troche	25mg 50mg 75mg 100mg 200mg ____mg	Apply __gm QD 1 po qd	30 60 ____	_____ PRN NONE
_____ **(must write Testosterone)** cream capsule troche	1mg 2mg 4mg 5mg 10mg ____mg	Apply __gm QD 1 po qd	30 60 ____	_____ PRN NONE
DHEA cream capsule troche	5mg 10mg 15mg 20mg ____mg	Apply __gm QD 1 po qd	30 60 ____	_____ PRN NONE
Pregnenolone Capsule	25mg 50mg 100mg 250mg ____mg	____po qd	30 60 ____	_____ PRN NONE
Estriol(E3) Estradiol(E2) Estrone (E1) cream capsule troche vaginal cream	0.5mg 0.625mg 1mg 1.25mg 2mg 5mg 10mg _____mg	**-Apply ___gm TOP qd.** -____po qd. **-1gm VAG qhs x ___days** -1gm VAG twice weekly at night x ___days	30 60 ____	_____ PRN NONE
CUSTOM:				
Combination (1) cream/capsule	YES NO	Apply __gm QD 1 po qd	30 60 ____	

WOMENS HEALTH

Medications	Strength	Directions	Quantity	Refills
Boric Acid Vag Supp	300mg 400mg 600mg _____mg	1 supp VAG hs x ____ nights		____ PRN NONE
---------- **Vag Supp (must write Diazepam)**	5mg 10mg ___mg	1 supp vag _____		____ PRN NONE
Libido Cream (must write Testosterone)	Sildenafil 2.5%, Arginine 6%, Pentoxifylline 5% with _____0.4%	Prn PV prior to intercourse	15gm _____gm	____ PRN NONE
Gabapentin (for migraines)	1.2% _____	Apply 1ml to wrist _____	30gm _____gm	____ PRN NONE
Naltrexone (for migraines)	1.5mg 3mg 4.5mg ___mg	Take 1 po qhs	30 60 _____	____ PRN NONE
Oxytocin cream troche	Troche: 10iu 50iu ____iu Cream: _____iu/ml			____ PRN NONE
CUSTOM:				

Prescriber Name: _____ Prescriber DEA#: _____ Prescriber NPI#: _____
Signature: _____ Date: _____/_____/_____ Phone#:_____