



6801 N Highway US 1, Cocoa, FL 32927

Contact Us at: 321-637-0911

FAX FORM to: 800-854-0356

INSURANCE CLAIMS FORMS UPON REQUEST

### Hormone Replacement Therapy (HRT)

<b>Patient Name:</b> _____	<b>Patient DOB:</b> _____
<b>Patient Address:</b> _____	
<b>Patient Phone Number:</b> _____	<b>Allergies:</b> _____

**Male Management\***

Testosterone: \_\_\_\_\_ mg/ml or %

add Chrysin: \_\_\_\_\_ mg/ml

add Progesterone: \_\_\_\_\_ mg/ml

\*default base is a gel

**Male Sexual Dysfunction (capsules)**

<input type="checkbox"/> Sildenafil 20mg	<input type="checkbox"/> Tadalafil 4.5mg
<input type="checkbox"/> Sildenafil 45mg	<input type="checkbox"/> Tadalafil 10mg
<input type="checkbox"/> Sildenafil 95mg	<input type="checkbox"/> Tadalafil 18mg
<input type="checkbox"/> Sildenafil 105mg	<input type="checkbox"/> Tadalafil 19.5mg

**Thyroid Management (capsules)**

Levothyroxine (T4): \_\_\_\_\_ mcg

Liothyronine (T3): \_\_\_\_\_ mcg

Thyroid: \_\_\_\_\_ mg\*

\* currently cannot get Thyroid in

**Female Management**

Estradiol: \_\_\_\_\_ mg

Estriol: \_\_\_\_\_ mg

Estrone: \_\_\_\_\_ mg

Biest: \_\_\_\_\_ mg

choose: 80/20    60/40    50/50

Triest: \_\_\_\_\_ mg

default 80/10/10 ratio (E3/E2/E1)

Progesterone: \_\_\_\_\_ mg

Testosterone: \_\_\_\_\_ mg

DHEA: \_\_\_\_\_ mg

Pregnenolone: \_\_\_\_\_ mg

**Form**

cream     sublingual     capsule

**Female Sexual Dysfunction**

O'Cream

Scream Cream

**Quantity:** \_\_\_\_\_

**Refills:** \_\_\_\_\_

**Directions:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor Name:** \_\_\_\_\_ **NPI/DEA:** \_\_\_\_\_

\*DEA needed for controls\*