

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Bring to have filled at:



Richfield Community Pharmacy

440 South Main Ste B

Richfield, Utah 84701

Phone: 435-893-6808 Fax: 435-893-6809

**Hormone Replacement Therapy**

Biest E2 \_\_\_\_\_ E3 \_\_\_\_\_ Testosterone \_\_\_\_\_ mg/g Route: Vaginal Suppository Vaginal Troche Clicker  
Sig: \_\_\_\_\_ QTY: \_\_\_\_\_ Refills: \_\_\_\_\_

Biest \_\_\_\_\_ Route: Vaginal Suppository Vaginal Troche Clicker  
Sig: \_\_\_\_\_ QTY: \_\_\_\_\_ Refills: \_\_\_\_\_

Progesterone:  Capsule  Suppository  Troche  Cream

Strength: \_\_\_\_\_ MG Sig: \_\_\_\_\_

QTY: \_\_\_\_\_ Refills: \_\_\_\_\_

Testosterone \_\_\_\_\_  MG  Percent QTY: \_\_\_\_\_ Refills: \_\_\_\_\_

Sig: \_\_\_\_\_

Other Ingredients: \_\_\_\_\_

ZRT Test Kit \_\_\_\_\_

Magic Mouthwash QTY: \_\_\_\_\_ Sig: \_\_\_\_\_ Refills: \_\_\_\_\_

( Benadryl/Lidocaine/Mylanta 1/1/1 ) Add  Dexamethasone  Nystatin  Acyclovir  Chlorhexidine

Tetracaine 0.5% Lollipops QTY: \_\_\_\_\_ Sig: \_\_\_\_\_ Refills: \_\_\_\_\_

Pink Swizzle QTY: \_\_\_\_\_ Sig: \_\_\_\_\_ Refills: \_\_\_\_\_

( Clotramizole/Desonide )

Newman's Nipple Ointment QTY: \_\_\_\_\_ Sig: \_\_\_\_\_ Refills: \_\_\_\_\_

( Miconazole/Mupirocin/Betamethasone )

Low Dose Naltrexone \_\_\_\_\_ mg QTY: \_\_\_\_\_ Sig: \_\_\_\_\_ Refills: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Date: \_\_\_\_\_ DEA/NPI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Signature: \_\_\_\_\_

Notes to Pharmacy: \_\_\_\_\_