

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

Women's Hormone Replacement Therapy

- Biest E2 _____ E3 _____ Testosterone _____ mg/g Route: Vaginal Suppository/ Vaginal Troche /CRM
Sig: _____ QTY: 30 Refills: _____
- Estradiol- Cream Capsule _____ MG QTY: _____ Sig: 1 gram everyday or 1 capsule everyday. Refills: _____
- Testosterone Cream Troche _____ % or MG QTY: _____ Sig: 1 gram or 1 troche everyday
- Progesterone Cream Capsule Troche _____ MG QTY: _____ Sig 1 everyday at night Refills: _____
- Diazepam 1% vaginal Gel _____ QTY Sig: apply 1 gram 30 minutes before sexual activity Refills _____

Thyroid

- T3:T4-SR Capsules _____ MCG _____ MCG QTY _____ Refills: _____
SIG: _____
- T3-SR Capsules _____ MCG QTY: _____
SIG: _____
- OTHER: _____

Men's Hormone Replacement Therapy

Testosterone Cream-----Strength: _____ mg %. QTY 30 Refills: _____
Testosterone Troche ---- Strength: _____ QTY: _____ Refills: _____
DHEA SR capsules---- Strength: _____ QTY _____ Refills: _____
Sig: _____

- Cortisol SR capsules _____ MG Sig: 1 capsule every day QTY: _____ Refills: _____
- Phosphatidyl Serine 250 MG Capsules Sig: 2 capsules at night QTY: _____ Refills: _____
- Melatonin SR Capsule _____ MG Sig: 1 capsule at bedtime QTY: _____ Refills: _____
- Melatonin Troche _____ MG SIG: dissolve 1 troche at night QTY: _____ Refills: _____
- L-Theanine 200 MG Capsule SIG: 1 capsule up to 3 times per day. QTY: _____ Refills: _____
- IMMUNE BOMB SIG: Mix 1 packet with juice for three days at onset of cold symptoms Refills: _____
- Tetracaine suckers or throat spray SIG: use every hour as needed for pain Refills _____

ZRT Test Kit _____

Prescriber Name: _____ Date: _____ DEA/NPI: _____

Address: _____ City: _____ State: _____

Signature: _____

Notes to Pharmacy: _____