

Patient Information:

Date: ____/____/____

Patient Name _____ DOB: ____/____/____

Address: _____ City: _____ State _____ Zip: _____

Phone Number: _____ E-Mail: _____

Compound

CREAM or GEL (please circle): MIX

E2 _____ mg/g Biest (80:20) _____ mg/g

Progesterone _____ mg/g

_____ mg/g

Total Number of Boxes Checked: _____

Total Quantity to be Dispensed: _____ Grams

Refills: _____ (Max 5 Refills for Controlled Substances)

Apply _____ grams to _____ times/day (1g = 4 clicks for topi-click)

Doctor Name:

Phone Number:

Fax Number:

VAGINAL CREAMS

Estradiol Vaginal Cream 0.02%:
Apply _____ grams vaginally _____ times per _____

Dispense: _____ grams Refills: _____

Estradiol Vaginal Cream 0.01%

_____ %
Apply _____ grams vaginally _____ times/ _

Dispense: _____ grams Refills: _____

Progesterone 10% Cream (100mg/gm)
Apply _____ grams vaginally _____ times per _____

Dispense: _____ grams Refills: _____

TROCHE: MIX

E2 _____ mg/troche Biest (80:20) _____ mg/troche

Progesterone _____ mg/troche

_____ mg/
troche

Total Number of Boxes Checked: _____

Quantity to be Dispensed: _____

Refills: _____ (Max 5 Refills for Controlled Substances)

Directions: Dissolve _____ troche under tongue _____ daily

CAPSULES: MIX

E2 _____ mg/capsules Biest (80:20) _____ mg/capsule

Progesterone _____ mg/capsule

_____ mg/
capsule

Total Number of Boxes Checked: _____

Quantity to be Dispensed: _____ Circle One: Capsules
Tablets

Refills: _____ (Max 5 Refills for Controlled Substances)

Directions: Take _____ Cap by mouth _____ times daily

VAGINAL SUPPOSITORIES: MIX

E2 _____ mg/suppository DHEA _____ mg/suppository

Progesterone _____ mg/suppository

_____ mg/suppository
Total Number of Boxes Checked: _____

Quantity to be Dispensed: _____
Refills: _____ (Max 5 Refills for Controlled
Substances)

Directions: Insert _____ vaginally _____ times/daily

Signature _____

Dispense as Written

Substitution Permissible