

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone: \_\_\_\_\_

Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
DEA (for controlled substance): \_\_\_\_\_

**HORMONE REPLACEMENT / ADRENAL SUPPORT** circle the hormone and strength in images per unit or mL to build your prescription

DRUG	STRENGTH "mg"			OTHER:
Tri-Est	0.5	1.25	2.5	_____
Bi-Est	0.5	1.25	2.5	_____
E3 (Estriol Cream)	0.5	1	2	_____
E2 (Estradiol Cream)	0.25	0.5	1	_____
Progesterone <i>Peanut Oil Free</i>	25	50	100	_____

DRUG	STRENGTH "mg"				OTHER:
DHEA	1	5	10	25	_____
Pregnenolone	10	25	50	100	_____
Chrysin	25	50	100		_____
Hydrocortisone	2.5	5	10	20	_____
Other:	_____				_____

Sig: Use 1/4 1/2 1 Unit or mL  
QD BID TID  
Other Sig: \_\_\_\_\_  
Qty: \_\_\_\_\_ Refills: \_\_\_\_\_

Compound Form (Please circle one):  
Capsules SR Capsules Troches Oil Drops  
Suppository  Topical  Vaginal  Base (PharmD. discretion)

**LOW DOSE NALTREXONE**

Titration: (1.5mg is standard dose) (Circle one) 0.5mg 1mg 1.5mg Other: \_\_\_\_\_ mg QTY: \_\_\_\_\_ Refills: \_\_\_\_\_  
Sig: Take one capsule PO QHS on empty stomach x1 week, then take 2 capsules PO QHS x 1 week, then take 3 capsules thereafter  
Other Sig: \_\_\_\_\_  
Maintenance: (4.5mg is standard dose) (Circle one) 3mg 4.5mg Other: \_\_\_\_\_ mg QTY: \_\_\_\_\_ Refills: \_\_\_\_\_  
Sig: Take one capsule PO QHS on empty stomach Other Sig: \_\_\_\_\_

**THYROID**

T3 / T4 Combinations: T3 5mcg / T4 20mcg T3 20mcg / T4 60mcg T3 30mcg / T4 90mcg Other: \_\_\_\_\_  
Desiccated Porcine Thyroid: 15mg 30mg 45mg 60mg 90mg 120mg 180mg Other: \_\_\_\_\_  
Compound Form (Please circle one)  
Capsule SR Capsule  
Other Sig: \_\_\_\_\_  
Sig: Take 1 capsule (circle one) QAM OES BID OES

**ESTRADIOL VAGINAL SUPPOSITORY / CREAM**

<input type="checkbox"/> Estradiol Cream	1mg/mL	2mg/mL	<input type="checkbox"/> Estradiol Suppository	1mg/mL	2mg/mL
ADD (Circle):	Vitamin A / D / E	DHEA 10mg/mL	(Fatty acid base unless otherwise specified)		
			ADD (Circle):	Vitamin A / D / E	DHEA 10mg/mL
			Cocoa butter	Calendula-Infused Cocoa Butter	

Sig: Insert 1 suppository or apply 1 mL of cream vaginally QD for 2 weeks, then 3 times per week thereafter.  
Other Sig: \_\_\_\_\_ QTY: \_\_\_\_\_ Refills: \_\_\_\_\_

**ESTRADIOL DHEA VAGINAL CREAM**

Estradiol/DHEA 0.1/1.5mg/mL in Versapro Other: \_\_\_\_\_  
Sig: Apply 1/2-1mL PV QHS x 14D, then 2-3 times per week thereafter QTY: \_\_\_\_\_ Refills: \_\_\_\_\_

**KETOTIFEN**

Circle One: 1mg 2mg 4mg Other: \_\_\_\_\_  
Sig: Take one capsule PO QD/BID PRN Other Sig: \_\_\_\_\_ QTY: \_\_\_\_\_ Refills: \_\_\_\_\_

**LOW DOSE ERYTHROMYCIN**

50mg Erythromycin Capsules  
Sig: Take one capsule QHS Other Sig: \_\_\_\_\_ QTY: 30 60 90 Refills: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_