

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

ESTRIOL VAGINAL SUPPOSITORY / CREAM

Estriol Cream 1mg/mL 2mg/mL Other
ADD: Vitamin A (2000 IU) Vitamin D (1000 IU)
 Vitamin E (100 IU) DHEA 10mg/mL
Estriol Suppository 1mg/mL 2mg/mL Other
(Fatty acid base unless otherwise specified)
ADD: Vitamin A (2000 IU) Vitamin D (1000 IU)
 Vitamin E (100 IU) 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 VAGINAL CREAM

Estradiol 0.02% in Versapro Vaginal Cream
Sig: _____ QTY: 15 30 45 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: _____

SIGNATURE: _____ DATE: _____