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Hormone Therapy Compound Prescription Order Form

Patient Name	Phone#	DOB
Address	City/State	Zip Code

Sex Hormones Replacement (must write-out prescription fully if for a controlled medication (e.g. Testosterone))

Hormone	Strength (mg)			Topical (%)	Formulation:		
<input type="checkbox"/> E2 (Estradiol)	0.25	0.5	1	_____	Cream	Ointment	Capsule
<input type="checkbox"/> E3 (Estriol)	0.5	1	2	_____	Rectal Supp	Vaginal Supp	Troche
<input type="checkbox"/> Bi-Est (80:20)	0.5	1	2	_____	<input type="checkbox"/> Sig: Apply 1/4 1/2 1 gram topically QD BID TID		
<input type="checkbox"/> Bi-Est (50:50)	0.5	1	2	_____	<input type="checkbox"/> Sig: Take 1 capsule / troche PO QD BID TID		
<input type="checkbox"/> E1 (Estrone)	0.2	0.25	0.35	_____	<input type="checkbox"/> Sig: Insert 1 suppository PR / PV QD BID TID		
<input type="checkbox"/> Progesterone	25	50	100	_____	<input type="checkbox"/> Alt Sig:		
<input type="checkbox"/> DHEA	1	5	10	_____	Quantity: _____ Refills: _____ PRN		
<input type="checkbox"/> Pregnenolone	10	25	50	_____			
<input type="checkbox"/> Other:							

Thyroid Hormone Replacement Capsules

Thyroid Hormone	Dose (mcg)				Release Rate: IR SR	Quantity:	Refills:
<input type="checkbox"/> T3	5	10	20	30	_____	30 60 90 _____	_____ PRN
<input type="checkbox"/> T4	50	100	125	150	_____	Sig: Take 1 capsule PO QD AM BID QHS OES	

Semaglutide Sublingual Suspension

Semaglutide 1 mg/mL 2 mg/mL _____ Quantity: 30 mL _____ mL Refills: _____ PRN

Titration Sig (1 mg/mL): Place 0.5 mL under the tongue for 15-30 minutes QD x4 weeks, may increase dose by 0.5 mL every 4 weeks if needed and tolerating side effects. Do not eat or drink anything for 30 minutes

Maintenance Sig:

Oxytocin Replacement

Formulation	Strength		Quantity:	Refills: _____ PRN
<input type="checkbox"/> Nasal Spray (IU/mL)	100	125	_____	<input type="checkbox"/> Sig: Instill 1 2 sprays into each nostril _____
<input type="checkbox"/> Vaginal Cream (IU/gm)	20	40	_____	<input type="checkbox"/> Sig: Apply 0.25 0.5 gm vaginally prior to intercourse or 3 times each week
<input type="checkbox"/> Troche (IU/troche)	25	50	_____	<input type="checkbox"/> Sig: Take 1 troche PO QD BID _____
<input type="checkbox"/> Sublingual (IU/mL)	25	50	_____	<input type="checkbox"/> Sig: Place _____ mL SL for 15-30 minutes. Do not eat/drink for 30 minutes
<input type="checkbox"/> Alt Sig:				

Doctor Signature: _____ Date Written / / DEA#/NPI _____

Address: _____ Phone# _____

NewEra Pharmacy has the capability to compound custom medications to help your patients for a multitude of disease states. Here is a list of some of the products we dispense. Call us today to find out how we can work together to help your patients relieve their current issues. We can make capsules, troches, rectal suppositories, vaginal suppositories, creams, ointments, nasal sprays, etc.