

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"/> E1 (Estrone)	0.2 0.25 0.35 _____	_____	<input type="checkbox"/> Sig: Take 1 capsule / troche PO QD BID TID
<input type="checkbox"/> Progesterone	25 50 100 _____	_____	<input type="checkbox"/> Sig: Insert 1 suppository PR / PV QD BID TID
<input type="checkbox"/> DHEA	1 5 10 _____	_____	<input type="checkbox"/> Alt Sig:
<input type="checkbox"/> Pregnenolone	10 25 50 _____	_____	
<input type="checkbox"/> Other:			Quantity: _____ Refills: _____ PRN

Thyroid Hormone Replacement Capsules

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

Semaglutide Sublingual

<input type="checkbox"/> Suspension 1 mg/mL* 2 mg/mL _____ mg/mL	<input type="checkbox"/> Troche 2 mg* _____ mg
<input type="checkbox"/> Titration Sig (1 mg/mL): Place 0.5 mL under the tongue for 1-2 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 after	<input type="checkbox"/> Titration Sig (2 mg troche) Place 0.25 troche under the tongue for 1-2 minutes QD x4 weeks, may increase dose by 0.25 troche every 4 weeks if needed and tolerating side effects. Do not eat or drink anything for 30 minutes after
<input type="checkbox"/> Maintenance Sig: Place _____ mL SL for 1-2 minutes. Do not eat/drink for 30 minutes after	<input type="checkbox"/> Maintenance Sig: Place _____ troche SL for 1-2 minutes. Do not eat/drink for 30 minutes after
Quantity: 30 mL _____ mL Refills: _____ PRN	Quantity: 15* 30 _____ Refills: _____ PRN

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"/> 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#** _____

* We usually have these medications in stock and ready to dispense
 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.