

**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

**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

**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

Signature \_\_\_\_\_

Dispense as Written

\_\_\_\_\_

Substitution Permissible