

Patient Name: <hr/>	Date: <hr/>
Address: <hr/>	D.O.B.: <hr/>
City, State, Zip: <hr/>	Drug Allergies: <hr/>
Phone: <hr/>	

Hormone:	Estrogen Tri-est Bi-est Estriol	And/or	Progesterone Progesterone	And/or	Testosterone Testosterone Methyltestosterone
Dosage Form:	Capsule Transdermal Other: <hr/>		Capsule Transdermal Other: <hr/>		Capsule Transdermal Other: <hr/>
*Strength:	Estrogen 1.25mg 2.5mg 3.5mg 5.0mg Other: QTY: RF:		Progesterone 25mg 50mg 100mg 150mg Other: QTY: RF:		Testosterone 0.25mg 0.5mg 0.75mg 1mg Other: QTY: RF:
Directions:	<hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/>		<hr/> <hr/> <hr/> <hr/>

Check here if you would like these combined into the same dosage unit (capsule, troche, etc.)

Doctor:

**These are mere guidelines. The dose can be compounded to the specific needs of the individual.*