

ESTROGEN

Biest ____mg /ml or gm Cream ____gm
 Gel ____ ml PLO Gel ____ml

Pump Topical Syringes Tube Topi-Click

Sig:

Refills:

Estradiol ____mg /ml or gm Cream ____gm Gel ____ ml PLO Gel ____ml

Pump Topical Syringes Tube Topi-Click

Sig:

Refills:

Estriol ____mg/gm Emollient (Vaginal) Cream ____gm

Dispense in Tube with Calibrated Vaginal Applicator

Sig:

Refills:

Estriol ____mg with Testosterone ____mg Emollient (Vaginal) Cream ____gm

Dispense in Tube with Calibrated Vaginal Applicator

Sig:

Refills:

Testosterone ____gm Emollient (Vaginal) Cream ____gm

Dispense in Tube with Calibrated Vaginal Applicator

Sig:

Refills:

PROGESTERONE

Progesterone ____mg Caps # ____ SR

Sig:

Progesterone ____mg VAGINAL Caps # ____

Sig:

Refills:

Progesterone ____mg./gm Cream ____gm

Pump Topical Syringes Tube Topi-Click

Refills:

TESTOSTERONE

Testosterone ____mg/ml or gm

Cream ____gm or HPC Gel ____ml
 PLO Gel ____ ml Sublingual Troches

Pump Topical Syringes Tube Topi-Click

Sig:

Testosterone ____ (1%, 2%) Vulvar Cream 30gm

Sig: Apply small amount to (0.5gm) to clitoris & inner labia to improve sensation. Use 3x/wk & 1/2hr before sex if not on scheduled application day.

Refills:

LOW DOSE NALTREXONE

Strength _____ Quantity _____

Sig: Take 1 capsule daily between 9pm and 12am

Refills:

THYROID USP COMPOUNDED CAPS

Strength _____ Quantity _____

Sig: Take 1 capsule on empty stomach QAM

Refills:

DHEA/PREGNENOLONE

DHEA ____mg /ml or gm Cream ____gm
 Gel ____ ml

Pump Topical Syringes Tube BTA

Sig:

Pregnenolone ____mg /ml or gm Cream ____gm
 Gel ____ ml

Pump Topical Syringes Tube Topi-Click

Sig:

Refills:

Patient Name _____

Phone Number _____

Date of Birth _____

Address _____