

## Compounded Bioidentical Hormone Replacement: Combination Creams and Troches Rx Template

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_, Zip: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

Fax completed forms to (503)-624-0591 or email them to info@northwestcompounders.com

**Dosage Form Selection** (choose either combination cream or troche by checking the corresponding box. After selecting a dosage form, continue to select each desired pharmaceutical ingredient and each selected pharmaceutical ingredient's corresponding strength. )

**HRT Combination Cream**

- |  |                                   |  |                                   |                                    |
|--|-----------------------------------|--|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Estrone (E1)-----       | <input type="checkbox"/> 0.1mg/gm | <input type="checkbox"/> 0.2mg/gm          | <input type="checkbox"/> 0.5mg/gm | <input type="checkbox"/> ____mg/gm |
| <input type="checkbox"/> Estradiol (E2)-----     | <input type="checkbox"/> 0.5mg/gm | <input checked="" type="checkbox"/> 1mg/gm | <input type="checkbox"/> 2mg/gm   | <input type="checkbox"/> ____mg/gm |
| <input type="checkbox"/> Estriol (E3)-----       | <input type="checkbox"/> 0.5mg/gm | <input type="checkbox"/> 1mg/gm            | <input type="checkbox"/> 2mg/gm   | <input type="checkbox"/> ____mg/gm |
| <input type="checkbox"/> DHEA-----               | <input type="checkbox"/> 5mg/gm   | <input type="checkbox"/> 10mg/gm           | <input type="checkbox"/> 20mg/gm  | <input type="checkbox"/> ____mg/gm |
| <input type="checkbox"/> Pregnenolone-----       | <input type="checkbox"/> 30mg/gm  | <input type="checkbox"/> 60mg/gm           | <input type="checkbox"/> 90mg/gm  | <input type="checkbox"/> ____mg/gm |
| <input type="checkbox"/> Progesterone-----       | <input type="checkbox"/> 50mg/gm  | <input type="checkbox"/> 100mg/gm          | <input type="checkbox"/> 200mg/gm | <input type="checkbox"/> ____mg/gm |
| <input type="checkbox"/> Other: _____ (write in) |                                   | <input type="checkbox"/> 1mg/gm            | <input type="checkbox"/> 2mg/gm   | <input type="checkbox"/> ____mg/gm |
- i.e. Testosterone

**Quantity: 30gm—60gm—90gm—120gm— # \_\_\_\_\_ gm** (circle or write in)

\*\*\*All hormone creams dispensed in metered dosing pump

**HRT Sublingual Troche**

**All dosages are in mg per 1 troche**

- |  |  |                                |                                |                                |                                 |
|--|--|--------------------------------|--------------------------------|--------------------------------|---------------------------------|
| <input type="checkbox"/> Estrone (E1)-----       | <input type="checkbox"/> 0.1mg             | <input type="checkbox"/> 0.2mg | <input type="checkbox"/> 0.4mg | <input type="checkbox"/> 0.5mg | <input type="checkbox"/> ____mg |
| <input type="checkbox"/> Estradiol (E2)-----     | <input checked="" type="checkbox"/> 0.25mg | <input type="checkbox"/> 0.5mg | <input type="checkbox"/> 1mg   | <input type="checkbox"/> 2mg   | <input type="checkbox"/> ____mg |
| <input type="checkbox"/> Estriol (E3)-----       | <input type="checkbox"/> 0.25mg            | <input type="checkbox"/> 0.5mg | <input type="checkbox"/> 1mg   | <input type="checkbox"/> 2mg   | <input type="checkbox"/> ____mg |
| <input type="checkbox"/> DHEA-----               | <input type="checkbox"/> 5mg               | <input type="checkbox"/> 10mg  | <input type="checkbox"/> 20mg  | <input type="checkbox"/> 40mg  | <input type="checkbox"/> ____mg |
| <input type="checkbox"/> Pregnenolone-----       | <input type="checkbox"/> 10mg              | <input type="checkbox"/> 20mg  | <input type="checkbox"/> 30mg  | <input type="checkbox"/> 60mg  | <input type="checkbox"/> ____mg |
| <input type="checkbox"/> Progesterone-----       | <input type="checkbox"/> 50mg              | <input type="checkbox"/> 100mg | <input type="checkbox"/> 150mg | <input type="checkbox"/> 200mg | <input type="checkbox"/> ____mg |
| <input type="checkbox"/> Other: _____ (write in) |  | <input type="checkbox"/> 0.5mg | <input type="checkbox"/> 1mg   | <input type="checkbox"/> 2mg   | <input type="checkbox"/> ____mg |
- i.e. Testosterone

**Quantity: 30 troches—60 troches—90 troches—# \_\_\_\_\_ troches** (circle or write-in)

**Directions for Use:** \_\_\_\_\_

**Refills: 0—1—2—3—4—5—PRN—# \_\_\_\_\_** (please circle or write in)

Prescriber's Name: \_\_\_\_\_ Prescriber DEA# (if needed) \_\_\_\_\_ Date: \_\_\_\_\_

Prescriber's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prescriber's Phone Number: \_\_\_\_\_ Name of person submitting order: \_\_\_\_\_