

PHYSICIANS COMPOUNDING PHARMACY

1900 S. Telegraph Rd., Suite 102

Bloomfield Hills, MI 48302

Phone: 866-758-9100 Fax: 248-758-1831

Name: _____ Date: _____

Address: _____

Phone: _____ DOB: _____

Compounded Rx:

Bio-Identical Hormone Replacement Therapy

(amount is per capsule or 1 gram of cream)

- | | |
|---|---------|
| <input type="checkbox"/> Bi-Est (50:50) | _____mg |
| <input type="checkbox"/> Bi-Est (80:20) | _____mg |
| <input type="checkbox"/> Estradiol (E2) | _____mg |
| <input type="checkbox"/> Estriol (E3) | _____mg |
| <input type="checkbox"/> Progesterone | _____mg |
| <input type="checkbox"/> Testosterone | _____mg |
| <input type="checkbox"/> Dehydroepiandrosterone | _____mg |
| <input type="checkbox"/> Pregnenolone | _____mg |
| <input type="checkbox"/> Other _____ | _____mg |

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Regular release capsule | <input type="checkbox"/> Ointment |
| <input type="checkbox"/> Sustained release capsule | <input type="checkbox"/> Vaginal Supp |
| <input type="checkbox"/> Cream | <input type="checkbox"/> Troche |
| <input type="checkbox"/> Lotion | <input type="checkbox"/> Other _____ |

Sig: _____

Qty: _____ Refills: _____

Physician Name: _____

Physician Signature: _____

DEA Number: _____ Office Phone: _____