

Hormone Replacement

Compound Prescription Order Form

P 828-438-9355 F 828-433-1211

200 West Fleming Drive, Morganton, NC 28655

PATIENT INFORMATION

Patient Name

Date of Birth

Phone

Address

City

State

Zip

Known Drug Allergies

PRESCRIBER INFORMATION

Physician Name

Address

City

State

Zip

Phone

Fax

NPI

DEA

Item	Strength	Custom Strength
<input type="checkbox"/> Biest 80:20 Cream	<input type="checkbox"/> 0.5mg/ml <input type="checkbox"/> 1mg/ml <input type="checkbox"/> 2.5mg/g <input type="checkbox"/> 5mg/ml <input type="checkbox"/> _____	
<input type="checkbox"/> Biest 50:50 Cream	<input type="checkbox"/> 0.5mg/ml <input type="checkbox"/> 1mg/ml <input type="checkbox"/> 2.5mg/g <input type="checkbox"/> 5mg/ml <input type="checkbox"/> _____	
<input type="checkbox"/> Biest 80:20/Testosterone Cream	<input type="checkbox"/> 0.5mg/gram <input type="checkbox"/> 1mg/gram <input type="checkbox"/> _____	
<input type="checkbox"/> Biest/Progesterone/Testosterone Capsule	(ex: 2mg/50mg/0.23mg) _____ / _____ / _____	
<input type="checkbox"/> Biest/Progesterone/Testosterone Cream	<input type="checkbox"/> 0.5mg/60mg/1mg <input type="checkbox"/> 1mg/100mg/1mg <input type="checkbox"/> 2mg/150mg/2mg	
<input type="checkbox"/> Biest/Progesterone/Testosterone Troches	(ex: 2mg/125mg/1mg) _____ / _____ / _____	
<input type="checkbox"/> Estradiol/Estriol/Progesterone/ Dehydroepiandrosterone Cream (DHEA)	(ex: 0.021mg/0.12mg/0.6mg/0.3mg) _____ / _____ / _____ / _____	
<input type="checkbox"/> Estradiol Cream	<input type="checkbox"/> 0.15mg/g <input type="checkbox"/> 0.02% <input type="checkbox"/> 0.05% <input type="checkbox"/> 0.2mg/g	
<input type="checkbox"/> Estradiol Suppository	<input type="checkbox"/> 5mcg <input type="checkbox"/> 100mcg <input type="checkbox"/> 0.5mg <input type="checkbox"/> 1mg	
<input type="checkbox"/> Norethindrone Capsule	<input type="checkbox"/> 0.5mg <input type="checkbox"/> 1mg	
<input type="checkbox"/> Progesterone Capsules	<input type="checkbox"/> 25mg <input type="checkbox"/> 75mg <input type="checkbox"/> 100mg (nut algy) <input type="checkbox"/> 150mg <input type="checkbox"/> 200mg (nut algy)	
<input type="checkbox"/> Progesterone Cream	<input type="checkbox"/> 2% <input type="checkbox"/> 2.5% <input type="checkbox"/> 3% <input type="checkbox"/> 6% <input type="checkbox"/> 30mg/ml <input type="checkbox"/> 80mg/ml <input type="checkbox"/> 200mg/ml	
<input type="checkbox"/> Progesterone Gel	6%	
<input type="checkbox"/> Progesterone Suppository	<input type="checkbox"/> 100mg <input type="checkbox"/> 200mg	
<input type="checkbox"/> Testosterone Cream	<input type="checkbox"/> 0.5% <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 5% <input type="checkbox"/> 7.5% <input type="checkbox"/> 10% <input type="checkbox"/> 20% <input type="checkbox"/> 25%	

OTHER CUSTOM FORMULA OR SPECIAL CONSIDERATIONS

Directions:

Quantity

Refills

Physician Signature

Date