Patient Name: _____ ☐MasterCard ☐Visa ☐AMEX **DATE**_____

Address: _____ **Card#** _____ **Exp Date**_____

City/State/Zip _____ **Signature:** _____

DOB: _____ **Phone:** _____ **DAYTIME PHONE:** _____

☐ **BI-EST SR Capsules (Estradiol/Estriol)**
DOSE: 1.0mg 1.5mg 2.0mg 2.5mg
QUANTITY: _____
SIG: Take _____ cap/s orally in the AM
REFILLS: 1 2 3 4 other _____

☐ **BI-EST Transdermal Cream (Estradiol/Estriol)**
DOSE: 1.5mg/ml 2.0mg/ml 2.5mg/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
REFILLS: 1 2 3 4 other _____

☐ **TRI-EST SR Capsules (Estriol/Estradiol/Estrone)**
DOSE: 1.0mg 1.5mg 2.0mg
QUANTITY: _____
SIG: Take _____ cap/s orally in the AM
REFILLS: 1 2 3 4 other _____

☐ **TRI-EST Transdermal Cream (Estriol/Estradiol/Estrone)**
DOSE: 1.25mg/ml 1.75mg/ml 2.0mg/ml 2.5mg/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
REFILLS: 1 2 3 4 other _____

☐ **PROGESTERONE SR Capsules**
DOSE: 50mg 100mg 150mg 200mg
QUANTITY: _____
SIG: Take _____ cap/s orally in the PM
REFILLS: 1 2 3 4 other _____

☐ **PROGESTERONE Sublingual Triturate**
DOSE: 25mg 50mg 100mg
QUANTITY: _____
SIG: Dissolve _____ tablet under the tongue _____ time/s daily
REFILLS: 1 2 3 4 other _____

☐ **PROGESTERONE Rapid Dissolve**
DOSE: 50mg 100mg 200mg
QUANTITY: _____
SIG: Dissolve ____ tablet in mouth ____ time/s daily
REFILLS: 1 2 3 4 other _____

☐ **PROGESTERONE Transdermal Cream**
DOSE: 25mg/ml 50mg/ml 100mg/ml 200mg/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
REFILLS: 1 2 3 4 other _____

☐ **MINOXIDIL/FINASTERIDE + COQ10 Solution**
DOSE: 2.5% / 0.05% 5% / 0.05%
QUANTITY: _____
SIG: Apply _____ ml to scalp _____ time/s daily
REFILLS: 1 2 3 4 other _____

☐ **COMPOUNDED THYROID T_4/T_3 Capsules** Circle One **SR NON-SR**
DOSE: 15mg 30 mg 60mg 90mg 120mg 150mg 180mg 240mg
QUANTITY: _____ 300mg 360mg
SIG: Take _____ cap/s orally in the AM
REFILLS: 1 2 3 4 other _____

☐ **DHEA SR Capsules**
DOSE: 10mg 15mg 25mg 50mg 75mg 100mg
QUANTITY: _____
SIG: Take _____ cap/s orally in the AM
REFILLS: 1 2 3 4 other _____

☐ **MELATONIN SR Capsules**
DOSE: 1mg 2mg 3mg 6mg 10mg 20mg
QUANTITY: _____
SIG: Take _____ cap/s orally at bedtime
REFILLS: 1 2 3 4 other _____

☐ **PREGNENOLONE SR Capsules**
DOSE: 25mg 50mg 100mg
QUANTITY: _____
SIG: Take _____ cap/s orally _____ time/s daily
REFILLS: 1 2 3 4 other _____

☐ **VITAMIN D3**
DOSE: 1,000 IU 5,000 IU 10,000 IU
QUANTITY: _____
SIG: Take _____ cap/s orally _____ time/s daily
REFILLS: 1 2 3 4 other _____

NUTRACEUTICALS - NO PRESCRIPTION NEEDED

☐ **VITA-HAIR Capsules** (Saw Palmetto, Horsetail plant extract, Biotin, CoQ10, Collagen) QUANTITY: 100
☐ **ALPHA-LIPOIC ACID** 100mg w/ Vit C-250mg Vit E-30units QUANTITY: 60
☐ **ADRENAL CORTEX** 250mg QUANTITY: 120
☐ **B-12 Sublingual** 1000mcg QUANTITY: 100
☐ **BRAIN SUPPORT** QUANTITY: 120
☐ **CO-ENZYME Q10** 30mg (w/Beta-carotene 1295 IU& Vitamin E 30 IU) QUANTITY: 60
☐ **CO-ENZYME Q10** 100mg (w/Beta-carotene 2334 IU& Vitamin E 100 IU) QUANTITY: 30
☐ **GUGGUL EXTRACT** 750mg QUANTITY: 90
☐ **I3C-DIM** 400mg QUANTITY: 60
☐ **IODINE COMPLEX** 12.5mg QUANTITY: 90
☐ **L-CARNITINE** 250mg QUANTITY: 60
☐ **MULTIPLE VITAMIN/MINERAL** Iron Free QUANTITY: 120
☐ **OMEGA3** 1000mg QUANTITY: 90
☐ **PROSTATE SUPPORT** QUANTITY: 60
☐ **RED YEAST RICE** 600mg QUANTITY: 60
☐ **SUPER ANTIOXIDANTS** 12 Phytoflavonoid Herbal Extracts QUANTITY: 60
☐ **5-HTP** 100mg QUANTITY: 100

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW

☐ Dispense As Written

Physician Signature _____

Date_____

Patient Name: _____ ☐**MasterCard** ☐**Visa** ☐**AMEX**

Address: _____ **Card#** _____ **Exp Date**_____

City/State/Zip _____ **Signature:** _____

DOB: _____ **Phone:** _____ **DAYTIME PHONE:** _____

DISPENSING—TESTOSTERONE & COMBINATIONS

☐ **BI-EST (Estradiol/Estriol) Transdermal Cream + TESTOSTERONE**
DOSE: (1.5mg+5mg testo)/ml (2.0mg+5mg testo)/ml (2.5mg+10mg testo)/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
Not Refillable

☐ **TRI-EST (Estriol/Estradiol/Estrone) Transdermal Cream + TESTOSTERONE**
DOSE: (1.5mg +5mg testo)/ml (2.0mg +10mg testo)/ml (2.5mg +10mg testo)/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
Not Refillable

☐ **PROGESTERONE Transdermal Cream + TESTOSTERONE**
DOSE: (50mg + 5mg testo)/ml (50mg + 10mg testo)/ml (100mg + 5mg testo)/ml (100mg +10mg testo)/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
Not Refillable

☐ **TESTOSTERONE LIPODERM GEL**
DOSE: 50mg/ml 100mg/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
Not Refillable

☐ **TESTOSTERONE VANISHING CREAM**
DOSE: 1 mg/ml 5mg/ml 10mg/ml 20mg/ml 50mg/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
Not Refillable

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW

☐
Dispense As Written

Physician Signature _____

PLEASE MAIL ORIGINAL PRESCRIPTION TO PHARMACY