MILLERS
a yourlifeRx company

PHARMACY COMPOUNDING ACCREDITATION BOARD

NABP Accredited Compounding Pharmacy

678 WYCKOFF AVE
WYCKOFF NJ 07481
P 201 891 3334
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HORMONE SUPPLEMENTATION ORDER FORM

PATIENT INFORMATION

FIRST NAME: LAST NAME:

PRIMARY PHONE #: ◯ CELL ◯ HOME ◯ WORK SECONDARY PHONE #: ◯ CELL ◯ HOME ◯ WORK

ADDRESS: CITY, STATE, ZIP: ALLERGIES:

COMPOUNDING MEDICATION

☐ T3 (Liothyronine)	◯ MC ◯ IR _____MCG		Qty. _____
☐ T4 (Levothyroxine)	◯ MC ◯ IR _____MCG		Qty. _____
☐ T3/T4 (Liothyronine / Levothyroxine)	◯ MC ◯ IR _____/_____MCG	or _____GR	Qty. _____
☐ Natural Thyroid (Porcine)	◯ MC ◯ IR _____mg	or _____GR	Qty. _____
☐ Nature Thyroid	_____mg	or _____GR	Qty. _____
☐ Armour Thyroid	_____mg	or _____GR	Qty. _____
☐ NP Thyroid	_____mg	or _____GR	Qty. _____
☐ WP Thyroid	_____mg	or _____GR	Qty. _____
☐ Custom Thyroid			Qty. _____

COMERCIAL MEDICATIONS

☐ BIEST (Estriol / Estradiol) Ratio ◯ (80/20) ◯ (50/50)	◯ Topical	◯ Oral (◯ MC ◯ IR)	_____mg.	Qty. _____
☐ Estriol (E3)	◯ Topical	◯ Oral (◯ MC ◯ IR)	_____mg.	Qty. _____
☐ Estradiol (E2)	◯ Topical	◯ Oral (◯ MC ◯ IR)	_____mg.	Qty. _____
☐ Estrone (E1)	◯ Topical	◯ Oral (◯ MC ◯ IR)	_____mg.	Qty. _____
☐ Progesterone	◯ Topical	◯ Oral (◯ MC ◯ IR)	_____mg.	Qty. _____
☐ Cortisol		Oral (◯ MC ◯ IR)	_____mg.	Qty. _____
☐ Fludrocortisone		Oral (◯ MC ◯ IR)	_____mg.	Qty. _____
☐ DHEA	◯ Topical	◯ Oral (◯ MC ◯ IR)	_____mg.	Qty. _____
☐ Pregnenolone	◯ Topical	◯ Oral (◯ MC ◯ IR)	_____mg.	Qty. _____
☐ Testosterone	◯ Topical	◯ Oral (◯ MC ◯ IR)	_____mg.	Qty. _____
☐ Anastrozole		Oral	_____mg.	Qty. _____
☐ Clomiphene		Oral	_____mg.	Qty. _____
☐ Finasteride		Oral	_____mg.	Qty. _____

Refills: ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ PRN ◯ NR SIG:_____

WRITE PRESCRIPTION / ADDITIONAL COMMENTS

DOCTOR PHONE NPI # DEA #

OFFICE MANAGER PHONE OFFICE FAX OFFICE Email

SIGNATURE DATE (Month / Day / Year) _____/_____/_____

FAX TO 201-891-1312
email to: orders@yourliferx.com