678 WYCKOFF AVE
WYCKOFF NJ 07481
P 201 891 3334
F 201 891 1312

FEMALE HORMONE REPLACEMENT ORDER FORM

PATIENT INFORMATION

FIRST NAME: LAST NAME:

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

ADDRESS: CITY, STATE, ZIP: ALLERGIES:

SUPPOSITORIES

	Medication	Strength	Amount
☐	Estradiol Vaginal Cream	0.01%-0.1% ______	Amount ______
☐	Estriol Vaginal Cream	0.01%-0.1% ______	Amount ______
☐	Estriol Vaginal Suppository	0.1mg-2mg ______	Amount ______
☐	Progesterone Vaginal Suppository	○ 100mg ○ 200mg	Amount ______

TOPICAL FORMULATIONS (Select 2 if needed)

	Medication	Strength	Amount
☐	Biest / Triest (please indicate ratio of estrogens)	0.05mg-5mg ______	Amount ______
☐	DHEA	0.5mg-2.5mg ______	Amount ______
☐	Estriol	0.1mg-2mg ______	Amount ______
☐	Progesterone	10mg-200mg ______	Amount ______
☐	Testosterone (Must write this Rx)	0.1%-5% ______	Amount ______

ORAL MC CAPSULES

	Medication	Strength	Amount
☐	Biest / Triest	0.1mg-5mg ______	Amount ______
☐	Cortisol MC	○ 2.5mg ○ 5mg ○ 10mg	Amount ______
☐	DHEA	5mg-50mg ______	Amount ______
☐	Estriol	0.5mg-8mg ______	Amount ______
☐	Progesterone	25mg-400mg ______	Amount ______
☐	Serotonin	○ 10mg ○ 20mg ○ 30mg ○ 40mg	Amount ______
☐	T3 (Liothyronine) MC	All Strengths ______	Amount ______
☐	T3/T4 MC	All Strengths ______	Amount ______
☐	Testosterone (Must write this Rx)	0.5mg-5mg ______	Amount ______
☐	Thyroid USP Compounded	All Strengths ______	Amount ______
☐	Vitamin D3	50,000 IU	Amount ______

☐ **Check here to indicate combination compound**

SUBLINGUAL (RDTs, Troches, Tablet Triturates)

	Medication	Strength	Amount
☐	Biest / Triest	0.625mg-5mg ______	Amount ______
☐	DHEA	______	Amount ______
☐	Progesterone	25mg-200mg ______	Amount ______
☐	Testosterone (Must write this Rx)	0.25mg-3mg ______	Amount ______

☐ Custom Compound
Indicate Ingredients, strength, and form of medication requested

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