

Hormone Optimization

Order Form

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: _____ Phone # _____ Allergies: _____

New Patients: Fax current insurance information with Rx if Applicable

Female Hormones

Bi-Est: Ratio: 80/20 70/30 50/50 / Dose 0.625 mg 1.25 mg 2.5 mg ____ mg

Progesterone: 50 mg 100 mg ____ mg

Testosterone: 1 mg 2 mg 4 mg ____ mg

DHEA 5 mg 10 mg

Sig: Apply QD BID _____ Dispense ____ months Refills _____

Estriol 0.5% Vaginal Cream Sig: Apply full applicator Q _____ weekly Disp # ____ Refills _____

Progesterone capsules: 50 mg 100 mg 200 mg ____ mg

Sig: 1 po q HS Dispense # _____ Refills _____

Female Libido Cream

Apply small amount to clitoris 30 minutes prior to sexual activity Dispense # ____ Refills ____

Male Hormones:

Testosterone 200 mg/ml cream (1 ml = 4 clicks)

Sig: Apply ____ mg/day Testosterone Disp # _____ Refills _____

Testosterone Injections (Compounded in Sesame Oil) 200 mg/ml 10 ml vial

sig: ____ ml = ____ mg IM q ____ weeks Disp ____ Refills _____

HCG 1100 U/1ml 5 ml vial

sig: Inject SQ 500 U 750 U 1000 U ____ x per week

Anastrozole (Arimidex) 1 mg

sig: 1/2 tablet ____ x per week Dispense # _____ Refills _____

Thyroid SR Armour Nature-Throid Thyroid USP (Compounded) ____ Grains

Take 1 tablet 30 minutes before breakfast Dispense # _____ Refills _____

Testosterone Troches ____ mg

Sig: Take 1 troche each morning under tongue Dispense ____ Refills _____

Sermorelin 6 mg vial Sig: Inject 0.3 ml subcutaneously monday-friday. No injection on weekend

Sermorelin/GHRP2- 6 mg/6 mg vial Sig: Inject 0.3 ml subcutaneously monday-friday. No weekend injection

Pellet Therapy

Estradiol: 12.5 mg 25 mg 50 mg Other: _____

Quantity: _____

Testosterone: 25 mg 50 mg 72.5 mg 100 mg 200 mg Other: ____ mg

Quantity: _____

Date Needed (Appointment Date): _____

* Please allow 72 hour lead time on Pellet orders *

PHYSICIAN'S SIGNATURE: _____ DATE: _____

Please fax completed form to:
1-888-689-9892

