

Hormone Replacement Therapy Compounding Services

Phone: 636-629-8085 Fax: 636-629-8084
1435 N. Main, Saint Clair, MO 63077



1. PATIENT INFORMATION:

Name: _____
DOB: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____
Allergies: _____

13 Convenient Locations

Saint Clair, Owensville, Gerald, Belle,
Vienna, Iberia, Rolla, Rolla South, Steelville,
Cuba, Waynesville, Sullivan and Bourbon

2. INSURANCE INFORMATION: Please Include Front and Back Copies of Pharmacy Card

3. PRESCRIPTION INFORMATION:

Please check the desired product, form, strength, directions, quantity and refills.

ESTROGEN (Standard Doses range from 0.25 mg/gm to 5 mg/gm in versabase cream. May go up to 10 mg/gm)

- Estradiol (E2) Bi-Est
Strength: _____ Ratio: 80:20 50:50
- Estriol (E3) Strength: _____
- Tri-Est (80:10:10)
Strength: _____

Form

- Vaginal Cream
- Topical Cream
- Troches
- Capsules
- Vaginal Suppositories

Sig

- Apply ____ clicks* ____ daily
or _____
- *Unidose or Topi-Click delivers 0.25 grams of product per click

PROGESTERONE (Standard dose range from 10 mg/gm to 100mg/gm in versabase cream)

Strength: _____

Qty

- 30 Days
- 60 Days
- _____

Refills

1 2 3 4 5 _____

TESTOSTERONE Controlled Substance Laws require prescriptions to be hand written if they include a controlled substance.

Common doses range:

Gel: 2.5% to 10% (25mg/gm to 100mg/gm)

Versabase Cream: 0.1% to 10% (1 mg/gm to 100 mg/gm)

Lipoderm Cream: 5% to 20% (50 mg/gm to 200 mg/gm)

**Please note compounded testosterone is not absorbed orally in a capsule only absorbed buccally in a troche or transdermally in a topical product.

Drug: _____ Strength: _____

Sig: _____

Qty: _____ Refills: 0 1 2 3 4 5 _____

CUSTOM FORMULA Please write ingredients and strength below for a custom request.

DHEA, Pregnenolone, and Estrone are available to add.

Drug: _____ Strength: _____

Sig: _____

Qty: _____ Refills: 0 1 2 3 4 5 _____

4. PRESCRIBER INFORMATION:

Substitution Permitted Date: _____ Dispense As Written Date: _____

Prescriber Name (Printed): _____ NPI: _____ DEA: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

Confidentiality Notice: This fax is intended to be delivered only to the named addressee and contains confidential information that may be protected health information under federal and state laws. If you are not the named addressee, you should not disseminate, distribute or copy this fax. Please inform the sender immediately if you have received this document in error and then destroy this document immediately.