TWO RIVERS PHARMACY

Women's Hormone Therapy (BHRT)

Prescription Order Form

Please fax to: **910-748-0245** or call in to: **910-748-0243**

101 Broadfoot Ave, Fayetteville, NC 28305

503A compounding pharmacy
USP <797> and <800> compliant
Licensed in North Carolina

Patient Information

PLEASE FAX: Patient demographic sheet & prescription insurance card if available.

FIRST NAME | LAST NAME | DATE OF BIRTH | PHONE #

ADDRESS | CITY, STATE, ZIP | ALLERGIES

Rx Medication Order

Prescriber: you may change the directions, or delete, substitute or add medications.

Pharmacist, please compound:

Topical doses are per application. We concentrate topical preparations to keep the volume small; the label will state the exact amount to apply.

All creams are dispensed in Topi-Click dispensers.

Estrogen	☐ **Biest (80/20) topical, mg:** ☐ 0.625 ☐ 1 ☐ 1.25 ☐ 1.5 ☐ 1.75 ☐ 2 ☐ 2.5 ____ mg ☐ *Combine with testosterone (select dose below)* ☐ *Combine with progesterone (select dose below)*	**SIG** ☐ Apply to skin, once daily. Dispense: ☐ 30 ☐ 90 days **Refills:** ____
Progesterone	☐ **Capsules (SR), mg:** ☐ 50 ☐ 75 ☐ 100 ☐ 125 ☐ 150 ☐ 175 ☐ 200 Other: ____ mg ☐ **Cream, mg:** ☐ 25 ☐ 50 ☐ 75 ☐ 100 ☐ 150 ____ mg	**SIG** ☐ Take one capsule by mouth, once daily. ☐ Apply to skin, at bedtime. Dispense: ☐ 30 ☐ 90 days **Refills:** ____
Pregnenolone	☐ **Pregnenolone capsules, mg:** ☐ 10 ☐ 15 ☐ 25 ☐ 50 ____ mg	**SIG** ☐ Take one capsule by mouth, once daily. Dispense: ☐ 30 ☐ 90 days **Refills:** ____
DHEA	☐ **DHEA capsules, mg:** ☐ 2.5 ☐ 5 ☐ 10 ☐ 25 ____ mg ☐ **Combine DHEA + pregnenolone (select both doses)**	**SIG** ☐ Take one capsule by mouth, once daily. Dispense: ☐ 30 ☐ 90 days **Refills:** ____
Testosterone (CIII)	☐ _____ **topical, mg:** ☐ 0.5 ☐ 1 ☐ 1.5 ☐ 2 ☐ 4 ☐ 5 ____ mg *Schedule III: the prescriber must hand-write the drug name (testosterone) in the blank above.*	**SIG** ☐ Apply to skin, once daily. Dispense: ☐ 30 ☐ 90 days **Refills:** ____
Vaginal products	☐ **Estradiol 0.01% cream** ☐ **Estriol, mg:** ☐ 0.5 ☐ 1 ☐ 2 ☐ **DHEA suppositories (mg)** ☐ 6.5 ☐ 13 ☐ **Hyaluronic acid supp. (mg)** ☐ 5	**SIG** ☐ Insert 1 gm or suppository vaginally for 14 days, then 2-3x per week. ☐ Use 1 suppository vaginally, at bedtime. Dispense: ☐ 30 ☐ 90 days **Refills:** ____

(Optional) Additional instructions or compounds

Prescriber Information

PRESCRIBER NAME AND CREDENTIALS | NPI # | DEA #

STREET ADDRESS | CITY, STATE, ZIP | PHONE | FAX

PRESCRIBER'S SIGNATURE | **DATE**

Want these forms preprinted with your practice's information? Email travin@tworiversrx.com or call 910-748-0243.

This form is a prescription when signed by a licensed prescriber. A pharmacist will verify the order and contact your office with any questions before compounding.