



**Date:** \_\_\_\_\_ **Patient Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Allergies:** \_\_\_\_\_  
 **Call When Ready**     **Text Message When Ready**     **Delivery**     **Mail Out**

**Bi-Est** (Cream OR Capsule) 40/60; 50/50; 60/40; 70/30; 80/20 Strength: \_\_\_\_\_  
 Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_

**Progesterone** (Cream) 4%; 5%; 6%; 8%  
 Strength: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_

**Progesterone SR** (Capsule) 25mg, 50mg, 75 mg, 100mg, 150mg, 200mg, 250mg, 300mg,  
 Strength: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_

**Progesterone** (Suppositories) 25mg, 50mg, 100mg, 200mg, 400mg  
 Strength: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_

**Libido #1 Aminophylline 3%/Arginine(L) 6%/Sildenafil 1%** (Cream) Qty: # 10 ml  
 Sig: Apply a pea-sized amount topically to clitoral area 5-30 min prior to intercourse as directed.

**Libido #2 Aminophylline 3%/Arginine(L) 6%/Menthol 0.025%/Nifedipine 0.2%** (Cream)  
 Qty: # 10 ml  
 Sig: Apply a pea-sized amount topically to clitoral area 5-30 min prior to intercourse as directed.

**Libido #3 [Raspberry Flavored] Arginine 2%/Naltrexone 0.7%** (Gel) Qty: # 10 gm  
 Sig: Apply a pea-sized amount topically to clitoral area 5-30 min prior to intercourse as directed.

**Amour Thyroid** (Tablet)  
 Strength: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_

**Testosterone** (Cream) (0.1ml=1mg, 0.2ml=2mg 0.3ml=3mg)  
 Strength: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Sig: Apply \_\_\_\_\_ ml once daily in the AM as tolerated.

**Testosterone** (Sublingual Drops) (0.1ml=1mg, 0.2ml=2mg 0.3ml=3mg)  
 Strength: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Sig: Apply 0.1ml SL once daily or \_\_\_\_\_

**Testosterone** (Buccal Troche) (1mg, 2mg, 3mg)  
 Strength: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Sig: Place one troche up in buccal cavity daily.

**Testosterone in Atrevis** (Gel) (5%)  
 Strength: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_

**DHEA SR** (Capsule)  
 Strength: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_

**DHEA 0.35%** (Mucolox/Versabase Vaginal Gel) #60 gm  
 Sig: Insert 1-2 gm vaginally HS.

**Estriol 0.05%** (0.5mg/gm) (Mucolox/Versabase Vaginal Gel) Qty: 45 gm  
 Sig: Insert 1-3 gm vaginally HS for 7-10 days, then PRN to control symptoms (1-3 times weekly).

**Estriol/Testosterone 0.1%/0.1%** (Mucolox/Versabase Vaginal Gel) Qty: 45 gm  
 Sig: Insert 1-3 gm vaginally HS for 7-10 days, then PRN to control symptoms (1-3 times weekly).

**Boric Acid** (Vaginal Capsule) 600 mg  
 Strength: \_\_\_\_\_ Qty: \_\_\_\_\_  
 Sig: \_\_\_\_\_

**Refills: 1 2 3 4 5 PRN**

**Healthcare Provider Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Agent sending:** \_\_\_\_\_  
**NPI:** \_\_\_\_\_ **DEA:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_  
**Clinic Address:** \_\_\_\_\_  
**Clinic Phone/Fax:** \_\_\_\_\_

