



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

Vaginal Compounded Medications

- Progesterone Suppositories**
 Strength (*circle one*) **25mg, 50mg, 100mg, 200mg**
Or other strength _____
 Qty: _____
 Sig: _____

- 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 0.05% (0.5mg/gm) (Mucolox/Versabase Vaginal Cream)**
 Qty: 60 gm
 Sig: Insert 1-3 gm vaginally HS for 7-10 days, then PRN to control symptoms (1-3 times weekly).

- Hyaluronic Acid Sodium 0.5% (5mg/gm) (with Vitamin E & A) (Vaginal Cream)**
 Qty: 30 gm
 Sig: Insert 1-3 gm vaginally HS for 7-10 days, then PRN to control symptoms (1-3 times weekly).

- Hyaluronic Acid Sodium 5 mg Vaginal Suppositories (with Vitamin E & A)**
 Qty: 30 Suppositories
 Sig: Insert 1-3 gm vaginally HS for 7-10 days, then PRN to control symptoms (1-3 times weekly).

Vaginal Compounded Medications

- DHEA 0.35% (Mucolox/Versabase Vaginal Gel)**
 Qty: 45 gm
 Sig: Insert 1-2 gm vaginally HS.

- 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 Capsules) 600 mg**
 Qty: _____
 Sig: _____

- Diazepam 1% (Mucolox/Versabase Vaginal Gel)**
 Qty: 45 gm
 Sig: _____

- Diazepam Suppositories**
Strength (*circle one*) 5mg, 10mg, 20mg, 40mg, 80mg
Or other strength _____
 Qty: 30 Suppositories
 Sig: Insert 1 suppository vaginally at bedtime for 30 days, following re-evaluation; therapy may be maintained with 1 suppository as needed three times per week.

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature:

Print Name: _____ **Agent sending:** _____
NPI: _____ **DEA:** _____

Clinic Name: _____
Clinic Address: _____
Clinic Phone/Fax: _____

