101 Tara Commons Drive Suite 100
Loganville, GA 30052
Phone - 470-220-7232
Fax - 470-220-7233

Patient Name & address: _____

DOB: _____ Patient Phone Number:_____

**Compounding Hormones Medication Order (HRT): Hormone replacement Therapy**

| | |
|---|---|
| ☐ Testosterone 50mg/ml cream | ☐ Testosterone 50mg Capsule |
| ☐ Testosterone 75mg/ml cream | ☐ Testosterone 75mg Capsule |
| ☐ Testosterone 100mg/ml cream | ☐ Testosterone 100mg Capsule |
| ☐ Testosterone 150mg/ml cream | ☐ Testosterone 200mg Capsule |
| ☐ Testosterone 200mg/ml cream | ☐ Progesterone 50mg capsule |
| ☐ Progesterone ____mg/ml **topical** cream | ☐ Progesterone 100mg Capsule |
| ☐ Progesterone ____mg/ml **Vaginal** Cream | ☐ Progesterone 200mg capsule |
| ☐ Estriol_____mg/ml cream<br>☐ Estradiol_____mg/ml cream | ☐ Naltrexone Capsule (1mg, 2mg, 3mg, 4mg, 4.5mg, 5mg) |
| ☐ Bi-Estriol/Estradiol__mg/ml Cream50/50<br>☐ Bi-Estriol/Estradiol__mg/ml Cream80/20<br>☐ Any Hormones_____mg/ml Cream | ☐ Biest(**50/50**)__mg/ml +Progesterone__mg/ml+ testosterone__mg/ml+DHEA__mg/ml |
| ☐ DHEA (Dehydroepiandrosterone) cream (Any strength_____mg/ml)<br>KETO-DHEA (Dehydroepiandrosterone) | ☐ Biest(**80/20**)__mg/ml +Progesterone__mg/ml+ testosterone__mg/ml+DHEA__mg/ml |
| Biest+Progesteron+Testostere+DHEA **Troche**<br>Estradiol OR Estriol__mg/ml **Troche** | Testosterone____mg/ml **Troche**<br>Progesterone____mg/ml **Troche** |

Total Quantity: _____ Refill: _____
Direction: _____
Prescriber Name:_____ DEA or NPI:_____
Signature: _____Date: _____

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