

Compound Prescription Order

Please fax order to (805) 496-8492

Patient Name: _____ Date: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Check One:

BHRT Capsules- One Daily

- Progesterone Troches
 - 100 mg 200 mg 300 mg
- Progesterone Capsules
 - 100 mg 200 mg 300 mg
- Triest 1.25 mg/Progesterone 60 mg Capsule
- Triest 1.25 mg/Progesterone 100 mg Capsule

BHRT Cream- Apply 1 mL daily

- Progesterone Cream
 - 100 mg/mL
- Biest 1.25 mg/mL
- Biest 1.25 mg/mL with Testosterone 1 mg/mL

COLD SORES- Apply BID - TID

- Acyclovir 5% Lip Balm

PAIN Cream- Apply BID - TID as needed

- Ketoprofen 20%/Lidocaine 2% /Capsaicin 0.075% Cream
- Gabapentin 6%/Lidocaine 2% /Triamcinolone 0.1% Cream
- Gabapentin 6%/Amitriptyline 2% /Triamcinolone 0.1% Cream

TESTOSTERONE Cream- Apply 1 mL daily

- Testosterone Cream
 - 1 % 2 % 3 % 10 mg/mL

Custom Compound

Drug	Strength
_____	_____
_____	_____
_____	_____

Directions _____

_____ Qty _____

Refills _____ Doctor's Name (Print) _____

Doctor's Phone Number _____ Doctor's Signature _____

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