

# Compounded Hormone Order Form

These are our most commonly prescribed options, we can always work with providers and patients to personalize Hormone Replacement Therapy. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name: _____
Address: _____ _____
DOB: _____
Phone: _____

### Topical/Vaginal Options

#### ***Vaginal Atrophy (Pain, Dryness, UTI, Incontinence)***

- Estriol 0.6% Vaginal Cream**  
*-Apply/Insert 1/2 gram QHS for two weeks, then 1/4-1/2 gram 2-3 nights per week as needed*

#### ***HRT Combination Starting Doses (Creams)***

- Bi-Est 0.25mg (80/20)/Prog 25mg**  
 **Bi-Est 0.25mg (50/50)/Prog 25mg**  
 **Add Testosterone 1mg**  
 **Add DHEA 5mg**  
*-Apply 1/2 gram twice daily, or 1 gram once daily*

#### ***Progesterone Cream***

- 5%**  
 **10%**  
 **20%**  
*-Apply 1/2 gram 1-2 times daily*

#### ***Testosterone Cream (Female)***

- 0.2%**  
 **1%**  
 **2%**  
*-Apply 1/2 gram once daily*

#### ***Testosterone Topical (Male)***

- 5%**                       **Gel**  
 **10%**  
 **15%**                      **Lipoderm**  
 **20%**  
*-Apply 1/2 gram once daily*

### Oral Capsules

#### ***Progesterone SR Capsules (E4M)***

- 25 mg  
 50 mg                      *-Take 1 PO QHS*  
 100 mg  
 200 MG

#### ***Pregnenolone Capsules***

- 100 mg                      *- Take 1 PO QD*  
 100 mg SR

#### ***DHEA SR Capsules (E4M)***

- 5 mg  
 10 mg                      *-Take 1 PO QAM*  
 50 mg  
 75 mg

#### ***Progesterone Troche***

- 50 mg  
 100 mg                      *-Dissolve 1 SL HS*  
 200 MG

#### ***Non-Hormonal Libido Enhancer Scream Cream***

*(Sildenafil 2%/ Nifedipine 0.2%/ Arginine 6%)  
 -Apply 1/4 gram to clitoris and external vaginal area  
 30 minutes prior to sexual activity*

Provider Signature: _____
Printed name: _____ DEA# _____
Address: _____
Quantity: _____ Refills: _____ Date: _____