

Patient: _____ Date: ___ / ___ / _____

Date of Birth: ___ / ___ / _____ Phone Number: (____) ____ - _____

Doctor's Name: _____

Phone Number: (____) ____ - _____ DEA or NPI: _____

Oral: *SR* Capsules *IR* Capsules RDTs Troches Tablet Triturates SL Drops

Bi-Est ____ mg (50/50; 80/20)

T3 ____ mcg

Tri-Est ____ mg (80/10/10)

T4 ____ mcg

Progesterone ____ mg

Estriol (E3) ____ mg

Pregnenolone ____ mg

Estradiol (E2) ____ mg

Testosterone* ____ mg

Estrone (E1) ____ mg

DHEA ____ mg

Oxytocin ____ units

Directions: Take ____ capsule/tablet/troche/drop(s) by mouth ____ time(s) daily.

Topical: Cream Gel Ointment Specific Base: _____

Bi-Est ____ mg/gm (50/50; 80/20)

DHEA ____ mg/gm

Tri-Est ____ mg/gm (80/10/10)

Estriol (E3) ____ mg/gm

Progesterone ____ mg/gm

Estradiol (E2) ____ mg/gm

Pregnenolone ____ mg/gm

Estrone (E1) ____ mg/gm

Testosterone* ____ mg/gm

Directions: Apply ____ gm topically ____ time(s) each day/week.

Vaginal: Cream Suppositories

Progesterone ____ mg/gm or supp.

Estriol (E3) ____ mg/gm or supp.

Testosterone* ____ mg/gm or supp.

Estradiol (E2) ____ mg/gm or supp.

Directions: Insert ____ gm or supp. vaginally ____ times(s) each day/week at bedtime.

Miscellaneous:

Boric Acid 600mg Vaginal Suppositories; # _____

Directions: Insert 1 suppository vaginally ____ time(s) daily.

Directions: _____

Refills: _____ **Signature:** _____

*Please note that Testosterone is **C3** and can have a maximum of 5 refills.

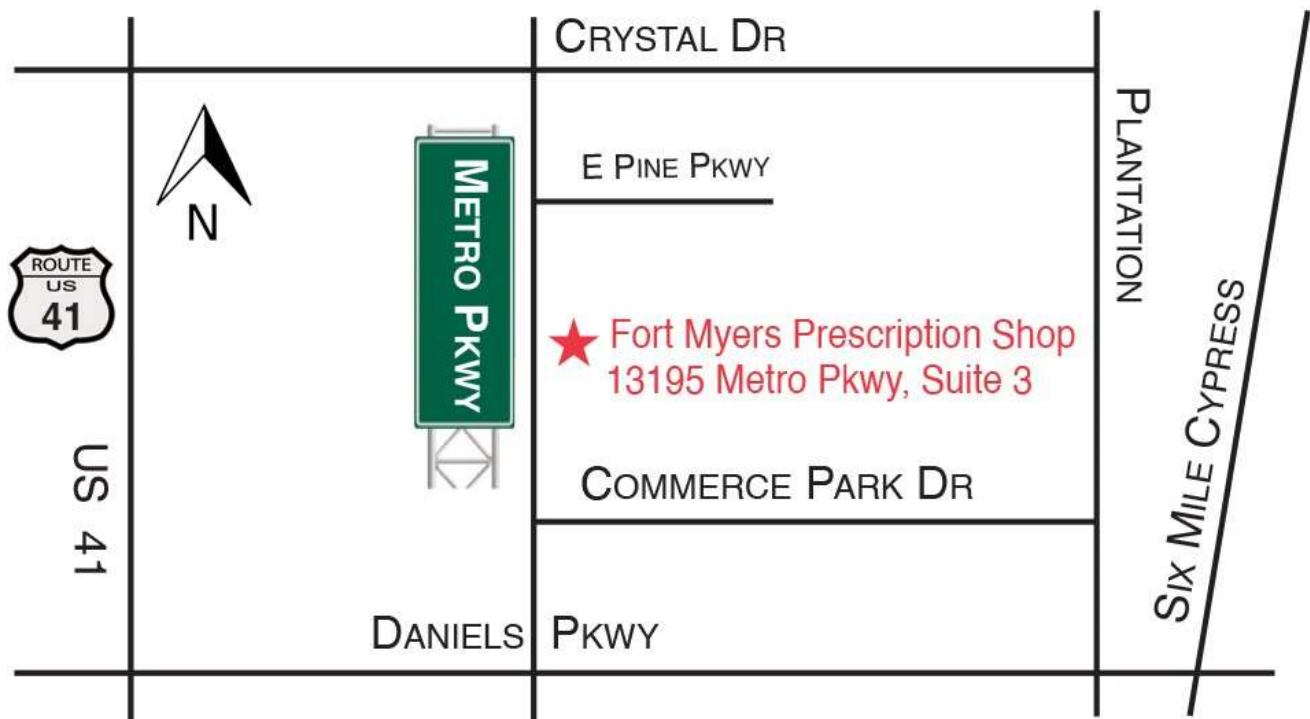
Please bring in or ask your doctor to fax the prescription to

Fort Myers Prescription Shop

13195 Metro Pkwy, suite 3
Fort Myers, FL 33966

Phone: 239-939-0249
Fax: 239-936-2427

Hours: Monday – Friday
8:30 – 1:00 and 2:00 – 5:00



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