

STAMP WITH PRACTICE INFORMATION

Date _____

Patient Name: _____

MasterCard Visa AMEX Exp. Date _____

Address: _____

Card# _____

City/State/Zip _____

Signature: _____

DOB: _____ **Phone:** _____

DAYTIME PHONE: _____

BI-EST SR Capsules (Estradiol/Estriol)
 DOSE: 1.0mg 1.5mg 2.0mg 2.5mg
 QUANTITY: _____
 SIG: Take _____ cap/s orally in the AM
 REFILLS: 1 2 3 4 other _____

COMPOUNDED THYROID T₄/T₃ Capsules
 DOSE: 15mg 30 mg 60mg 90mg 120mg 150mg 180mg 240mg
 QUANTITY: _____ 300mg 360mg
 SIG: Take _____ cap/s orally in the AM
 REFILLS: 1 2 3 4 other _____

BI-EST Transdermal Cream (Estradiol/Estriol)
 DOSE: 1.5mg/ml 2.0mg/ml 2.5mg/ml
 QUANTITY: _____
 SIG: Apply _____ ml to skin _____ time/s daily
 REFILLS: 1 2 3 4 other _____

DHEA SR Capsules
 DOSE: 10mg 15mg 25mg 50mg 75mg 100mg
 QUANTITY: _____
 SIG: Take _____ cap/s orally in the AM
 REFILLS: 1 2 3 4 other _____

TRI-EST SR Capsules (Estril/Estradiol/Estrone)
 DOSE: 1.0mg 1.5mg 2.0mg
 QUANTITY: _____
 SIG: Take _____ cap/s orally in the AM
 REFILLS: 1 2 3 4 other _____

MELATONIN SR Capsules
 DOSE: 1mg 2mg 3mg 6mg 10mg 20mg
 QUANTITY: _____
 SIG: Take _____ cap/s orally at bedtime
 REFILLS: 1 2 3 4 other _____

TRI-EST Transdermal Cream (Estril/Estradiol/Estrone)
 DOSE: 1.25mg/ml 1.75mg/ml 2.0mg/ml 2.5mg/ml
 QUANTITY: _____
 SIG: Apply _____ ml to skin _____ time/s daily
 REFILLS: 1 2 3 4 other _____

PREGNENOLONE SR Capsules
 DOSE: 50mg 100mg
 QUANTITY: _____
 SIG: Take _____ cap/s orally _____ time/s daily
 REFILLS: 1 2 3 4 other _____

PROGESTERONE SR Capsules
 DOSE: 50mg 100mg 150mg
 QUANTITY: _____
 SIG: Take _____ cap/s orally in the PM
 REFILLS: 1 2 3 4 other _____

ESTRIOL FACIAL Cream
 DOSE: 0.6% 1.0% 1.5%
 QUANTITY: _____
 SIG: Apply _____ ml to skin _____ time/s daily
 REFILLS: 1 2 3 4 other _____

PROGESTERONE Sublingual Triturate
 DOSE: 25mg 50mg 100mg
 QUANTITY: _____
 SIG: Dissolve _____ tablet under the tongue _____ time/s daily
 REFILLS: 1 2 3 4 other _____

CO-ENZYME Q10
 DOSE: 30mg 50mg 60mg(complex)
 QUANTITY: _____
 SIG: Take _____ cap/s orally _____ time/s daily
 REFILLS: 1 2 3 4 other _____

PROGESTERONE Rapid Dissolve
 DOSE: 100mg
 QUANTITY: _____
 SIG: Dissolve _____ tablet in mouth _____ time/s daily
 REFILLS: 1 2 3 4 other _____

MINOXIDIL/FINASTERIDE Solution
 DOSE: 2.5% / 0.05% 5% / 0.05%
 QUANTITY: 60ml
 SIG: Apply _____ ml to scalp _____ time/s daily
 REFILLS: 1 2 3 4 other _____

PROGESTERONE Transdermal Cream
 DOSE: 25mg/ml 50mg/ml 100mg/ml 200mg/ml
 QUANTITY: _____
 SIG: Apply _____ ml to skin _____ time/s daily
 REFILLS: 1 2 3 4 other _____

VITA-HAIR Capsules (Saw Palmetto, Horsetail plant extract, Biotin, CoQ10, Collegen)
 QUANTITY: _____
 SIG: Take _____ cap/s orally _____ time/s daily
 REFILLS: 1 2 3 4 other _____

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
 UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW

Physician Signature _____



Dispense As Written

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DISPENSING—TESTOSTERONE & COMBINATIONS

BI-EST (Estradiol/Estriol) Transdermal Cream with TESTOSTERONE
DOSE: (1.5mg+5mg testo)/ml (1.5mg+10mg testo)/ml (2.5mg+5mg testo)/ml (2.5mg+10mg testo)/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
Not Refillable

TRI-EST (Estriol/Estradiol/Estrone) Transdermal Cream with TESTOSTERONE
DOSE: (1.5mg +5mg testo)/ml (2.0mg +10mg testo)/ml (2.5mg +10mg testo)/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
Not Refillable

PROGESTERONE Transdermal Cream with TESTOSTERONE
DOSE: (100mg +10mg testo)/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
Not Refillable

TESTOSTERONE VANISHING CREAM
DOSE: 10mg/ml 20mg/ml 50mg/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
Not Refillable

TESTOSTERONE LIPODERM GEL
DOSE: 100mg/ml
QUANTITY: _____
SIG: Apply _____ ml to skin _____ time/s daily
Not Refillable

Each testosterone prescription written or filled in New York must have hard copy (*not facsimile*) of official prescription blank with doctor's original signature.

THIS PRESCRIPTION WILL BE FILLED GENERICALLY
UNLESS PRESCRIBER WRITES 'd a w' IN THE BOX BELOW

Physician Signature _____



Dispense As Written