

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

MasterCard Visa AMEX DATE \_\_\_\_\_

Card# \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature: \_\_\_\_\_

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 \_\_\_\_\_

**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 \_\_\_\_\_

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

**TRI-EST Transdermal Cream (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 \_\_\_\_\_

**PROGESTERONE SR Capsules**  
DOSE: 50mg 100mg 150mg 200mg  
QUANTITY: \_\_\_\_\_  
SIG: Take \_\_\_\_\_ cap/s orally in the PM  
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 \_\_\_\_\_

**PROGESTERONE Rapid Dissolve**  
DOSE: 50mg 100mg 200mg  
QUANTITY: \_\_\_\_\_  
SIG: Dissolve \_\_\_\_\_ tablet in mouth \_\_\_\_\_ 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 \_\_\_\_\_

**MINOXIDIL/FINASTERIDE + COQ10 Solution**  
DOSE: 2.5% / 0.05% 5% / 0.05%  
QUANTITY: \_\_\_\_\_  
SIG: Apply \_\_\_\_\_ ml to scalp \_\_\_\_\_ time/s daily  
REFILLS: 1 2 3 4 other \_\_\_\_\_

**COMPOUNDED THYROID T<sub>4</sub>/T<sub>3</sub> Capsules** Circle One **SR NON-SR**  
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 \_\_\_\_\_

**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 \_\_\_\_\_

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

**PREGNENOLONE SR Capsules**  
DOSE: 25mg 50mg 100mg  
QUANTITY: \_\_\_\_\_  
SIG: Take \_\_\_\_\_ cap/s orally \_\_\_\_\_ time/s daily  
REFILLS: 1 2 3 4 other \_\_\_\_\_

**VITAMIN D3**  
DOSE: 1,000 IU 5,000 IU 10,000 IU  
QUANTITY: \_\_\_\_\_  
SIG: Take \_\_\_\_\_ cap/s orally \_\_\_\_\_ time/s daily  
REFILLS: 1 2 3 4 other \_\_\_\_\_

**NUTRACEUTICALS - NO PRESCRIPTION NEEDED**

- VITA-HAIR Capsules** (Saw Palmetto, Horsetail plant extract, Biotin, CoQ10, Collagen) QUANTITY: 100
- ALPHA-LIPOIC ACID** 100mg w/ Vit C-250mg Vit E-30units QUANTITY: 60
- ADRENAL CORTEX** 250mg QUANTITY: 120
- B-12 Sublingual** 1000mcg QUANTITY: 100
- BRAIN SUPPORT** QUANTITY: 120
- CO-ENZYME Q10** 30mg (w/Beta-carotene 1295 IU& Vitamin E 30 IU) QUANTITY: 60
- CO-ENZYME Q10** 100mg (w/Beta-carotene 2334 IU& Vitamin E 100 IU) QUANTITY: 30
- GUGGUL EXTRACT** 750mg QUANTITY: 90
- I3C-DIM** 400mg QUANTITY: 60
- IODINE COMPLEX** 12.5mg QUANTITY: 90
- L-CARNITINE** 250mg QUANTITY: 60
- MULTIPLE VITAMIN/MINERAL** Iron Free QUANTITY: 120
- OMEGA3** 1000mg QUANTITY: 90
- PROSTATE SUPPORT** QUANTITY: 60
- RED YEAST RICE** 600mg QUANTITY: 60
- SUPER ANTIOXIDANTS** 12 Phytoflavonoid Herbal Extracts QUANTITY: 60
- 5-HTP** 100mg QUANTITY: 100

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

Physician Signature \_\_\_\_\_



Dispense As Written

Date \_\_\_\_\_

Patient Name: \_\_\_\_\_

MasterCard  Visa  AMEX

Address: \_\_\_\_\_

Card# \_\_\_\_\_ Exp Date \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

**DISPENSING—TESTOSTERONE & COMBINATIONS**

**BI-EST (Estradiol/Estriol) Transdermal Cream + TESTOSTERONE**  
DOSE: (1.5mg+5mg testo)/ml (2.0mg+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 + 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 + TESTOSTERONE**  
DOSE: (50mg + 5mg testo)/ml (50mg + 10mg testo)/ml (100mg + 5mg testo)/ml (100mg +10mg testo)/ml  
QUANTITY: \_\_\_\_\_  
SIG: Apply \_\_\_\_\_ ml to skin \_\_\_\_\_ time/s daily  
Not Refillable

**TESTOSTERONE LIPODERM GEL**  
DOSE: 50mg/ml 100mg/ml  
QUANTITY: \_\_\_\_\_  
SIG: Apply \_\_\_\_\_ ml to skin \_\_\_\_\_ time/s daily  
Not Refillable

**TESTOSTERONE VANISHING CREAM**  
DOSE: 1 mg/ml 5mg/ml 10mg/ml 20mg/ml 50mg/ml  
QUANTITY: \_\_\_\_\_  
SIG: Apply \_\_\_\_\_ ml to skin \_\_\_\_\_ time/s daily  
Not Refillable

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

Physician Signature \_\_\_\_\_



Dispense As Written

**PLEASE MAIL ORIGINAL PRESCRIPTION TO PHARMACY**