

Pharmacy Solutions, Inc.
Bio-Identical Hormone Replacement Order Form

Fax: 920-794-7091
 Phone: 920-553-1225

Patient Name: _____	Date: _____
Address: _____	Phone: _____
City, State, Zip: _____	
D.O.B.: _____	Drug Allergies: _____

Hormone:	<u>Estrogen</u> Tri-Est* <small>(Estriol:Estradiol:Estrone)</small> Bi-Est** <small>(Estriol:Estradiol)</small> Estriol	and/or	<u>Progesterone</u> Progesterone	and/or	<u>Testosterone</u> Testosterone Methyltestosterone
Dosage Form:	<input type="checkbox"/> Capsule <input type="checkbox"/> Transdermal <input type="checkbox"/> Other: _____		<input type="checkbox"/> Capsule <input type="checkbox"/> Transdermal <input type="checkbox"/> Other: _____		<input type="checkbox"/> Capsule <input type="checkbox"/> Transdermal <input type="checkbox"/> Other: _____

*Strength:	<u>Estrogen</u> 1.25mg 2.5mg 3.5mg 5.0mg Other: _____ _____	-	<u>Progesterone</u> 25mg 50mg 100mg 150mg Other: _____ _____	-	<u>Testosterone</u> 0.25mg 0.5mg 0.75mg 1mg Other: _____ _____
	QTY: _____		QTY: _____		QTY: _____
	RF: _____		RF: _____		RF: _____

Directions:

Check here if you would like these combined into the same dosage unit (capsule, troche, etc.)

Doctor: _____

**These are merely guidelines. The dose can be compounded to the specific needs of the individual.*

*Tri-Est is available in a 80/10/10, 90/5/5, or other specifically designated formulation.

**Bi-Est is available in a 80/20, 90/10, or other specifically designated combination.