DOCTOR'S CHOICE PHARMACY

FAX : 909-981-5508
TEL : 909-532-5588
639 N 13TH AVE, UPLAND CA 91786

Patient Name : Phone Number:

Address : DOB:

HRT TOPICAL CREAM

☐ Please check box only if hormones are to be combined

℞

Estrogen

☐ Biest (50/50)	☐ 0.625 mg/gm	☐ 1.25mg/gm	☐ 2.5mg/gm	☐	mg/gm
☐ Biest (80/20)	☐ 0.625 mg/gm	☐ 1.25mg/gm	☐ 2.5mg/gm	☐	mg/gm
☐ Estradiol	☐ 0.5 mg/gm	☐ 1.mg/gm	☐ 1.5mg/gm	☐	mg/gm
☐ Estriol	☐ 0.5 mg/gm	☐ 1.mg/gm	☐ 1.5mg/gm	☐	mg/gm

Progesterone

☐ 25 mg/gm ☐ 50 mg/gm ☐ 100mg/gm ☐ 150mg/gm ☐ mg/gm

Testosterone

☐ 0.50 mg/gm ☐ 0.1 mg/gm ☐ 1.5mg/gm ☐ 2 mg/gm ☐ mg/gm

DHEA

☐ 5 mg/gm ☐ 10 mg/gm ☐ 15 mg/gm ☐ 20 mg/gm ☐ mg/gm

Sig: ○ Apply 1 pumps (0.5 gm) topically once daily ○ Apply 2 pumps (1 gm) topically once daily

○ Custom Sig .....

HRT Capsules

Progesterone

☐ Please check box only if Slow Release is needed

☐ 25 mg ☐ 50 mg ☐ 75 mg ☐ 125 mg ☐ mg

DHEA

☐ 25 mg ☐ 50 mg ☐ 75mg ☐ 125mg ☐ mg

DHEA / Pregnenolone

☐ 10/50 mg ☐ mg

Sig: ○ 1c po qhs ○ Custom Sig .....

Qty: ☐ 30 days ☐ 60 days ☐ 90 days ☐ Days

Ref: ☐ 1 ☐ 2 ☐ 3 ☐ Other

Prescriber Signature

.....

Date

.....

Prescriber Name : ..... NPI:.....

Phone Number: .....

Adress: .....