

BHRT SPECIAL PROVIDER PRICING



Bioidentical Hormone Therapy

Custom Compounded Hormone Creams & Capsules Tailored to Each Patient



Topical Hormone Creams

1 Ingredient

\$75 / month

\$105 / 3-month supply

2 Ingredients

\$85 / month

\$115 / 3-month supply

3+ Ingredients

\$95 / month

\$125 / 3-month supply



Oral Hormone Capsules

\$120

3-Month Supply

- ✓ Bioidentical Hormones
- ✓ Custom Strengths & Combinations
- ✓ Fast Compounding
- ✓ Pharmacist Collaboration

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Scan for Rx Form



Doctor's Choice Pharmacy

639 N 13th Ave • Upland, CA

☎ 909-532-5588 | 📞 909-981-5508

✉ rx@doctorschoicercx.com



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

- | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------|
| ☐ 1 mg/gm | ☐ 2 mg/gm | ☐ 3 mg/gm | ☐ 4 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

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

Phone Number:

Adress:

Date

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