For Fax Transmittal Only to Patient's Choice of Pharmacy or Healthway at 989-791-4603

Healthway Compounding Pharmacy

2544 McLeod Dr., N. Saginaw, MI 48604

Ph: 989.791.1691 Fax: 989.791.4603 www.healthwayrx.com

Patient: ____________________ Date: ____________________

Address: ____________________ City/St/Zip: ____________________

D.O.B. __________ Home Phone: (___)__________ Work Phone: __________

Allergies: ____

All compounds for office use require a prescription written for each individual patient. Medication will be dispensed with patient specific label and in patient specific package.

Commonly Prescribed Human-Identical Hormone Replacement Prescription Form

HORMONE: Estrogen
- ❐ Bi-est: 80/20 (Estriol/Estradiol)
- ❐ Estriol
- ❐ Estradiol
- ❐ Other _____

DOSAGE FORM:
- ❐ Cream
- ❐ Troche
- ❐ Other _______

STRENGTH*:
- ❐ 0.1 mg
- ❐ 0.5 mg
- ❐ 1 mg
- ❐ Other _______

QTY:______ RF: ______

DIRECTIONS: ____

HORMONE:
- ❐ Progesterone

DOSAGE FORM:
- ❐ Oral capsules
- ❐ Transdermal Cream
- ❐ Other _______

STRENGTH*:

Cream:
- ❐ 10 mg
- ❐ 20 mg
- ❐ 15 mg
- ❐ 25 mg
- ❐ Other _______

Oral:
- ❐ 100 mg
- ❐ 150 mg
- ❐ 125 mg
- ❐ 175 mg
- ❐ Other _______

DIRECTIONS: ____

HORMONE:
- ❐ Testosterone

DOSAGE FORM:
- ❐ Troche
- ❐ Transdermal Cream
- ❐ Other _______

STRENGTH*:

Female:
- ❐ 0.25 mg
- ❐ 0.5 mg
- ❐ 1 mg
- ❐ Other _____

Male:
- ❐ 10 mg
- ❐ 25 mg
- ❐ 50 mg
- ❐ Other _______

DIRECTIONS:____

HORMONE: Dehydroepiandrosterone
- ❐ DHEA

DOSAGE FORM:
- ❐ Oral Capsule
- ❐ Transdermal Cream
- ❐ Other _______

STRENGTH*:

Female:
- ❐ 2.5 mg
- ❐ 5 mg
- ❐ 7.5 mg
- ❐ Other_____

Male:
- ❐ 25 mg
- ❐ 50 mg
- ❐ Other_____

DIRECTIONS: ____

OTHER:
- ❐ ____

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

________Refills _______Dispense ____________Written Qnty.

**These are merely guidelines. The dose can be compounded to the patient's exact need*

SIG______________________________

Prescriber Signature: ____________________ Prescriber Name (Print): ____________________

Address: ____________________ City/St/Zip: ____________________

Phone: ____________________ Email: ____________________

©2015 Healthway Compounding Pharmacy. All Rights Reserved. Our pharmacy works with prescribers to provide compounded prescription solutions to medication problems. No claims are made as to the efficacy, safety or use of compounded formulations. Formulations not FDA approved. The information provided herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. The sample formulations described herein result from prescriptions previously ordered by professionals licensed to write prescriptions in their respective discipline. Nothing herein is intended to replace or influence the independent judgement of any licensed professional.