For Fax transmittal to patient's choice of pharmacy or Healthway Compounding Pharmacy 989-791-4603

Healthway Compounding Pharmacy

2544 Mcleod Dr N Ste #2 Saginaw, MI 48604

Phone 989-791-1691 Fax 989-791-4603

Patient_____D.O.B._____Date:_____

Address:_____

Phone:_____Allergies:_____

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

Most Frequently Prescribed Compounds for Human-Identical Hormone Replace Therapy

HORMONE: Estrogen — Dosage Form: — Strength:

- ☐ Bi-est:80/20 (Estriol/Estradiol) ☐ Estradiol ☐ Estriol ☐ Other
- Dosage Form: ☐ Cream ☐ Troche ☐ Other_____
- Strength: ☐ 0.1mg ☐ 0.5mg ☐ Other_____ ☐ 1mg ☐ Other_____

Qty_____

Directions:_____Refills_____

HORMONE: — Dosage Form: — Strength:

- ☐ Progesterone
- Dosage Form: ☐ Oral capsules ☐ Transdermal Cream ☐ Other_____
- Strength: **Cream** ☐ 10mg ☐ 20mg ☐ 15mg ☐ 25mg ☐ Other_____
- **Oral** ☐ 100mg ☐ 150mg ☐ 125mg ☐ 175mg ☐ Other_____

Qty_____

Refills_____

Directions_____

HORMONE: — Dosage Form: — Strength: Female: — Males:

- ☐ Testosterone
- Dosage Form: ☐ Transdermal Cream ☐ Troche ☐ Other_____
- Strength: Female: ☐ 0.25mg ☐ 0.5mg ☐ 1mg ☐ Other_____
- Males: ☐ 10mg ☐ 25mg ☐ 50mg ☐ Other_____

Qty_____

Refills_____

Directions:_____

HORMONE: Dehydroepiandrosterone — Dosage Form: — Strength: Female: — Males:

- ☐ DHEA
- Dosage Form: ☐ Oral Capsule ☐ Transdermal Cream ☐ Other_____
- Strength: Female: ☐ 2.5mg ☐ 5mg ☐ 7.5mg ☐ Other_____
- Males: ☐ 25mg ☐ 50mg ☐ 75mg ☐ Other_____

Qty_____

Refills_____

Directions:_____

Prescriber Name (printed)_____Phone:_____

Prescriber Signature:_____Date:_____

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