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

This is not an all encompassing list; Commonly prescribed options Dosing is recommendations

HORMONE: Estrogen | Dosage Form: | Strength:

- ☐ Bi-est:80/20 (Estriol/Estradiol)
- ☐ Estradiol
- ☐ Estriol
- ☐ Other
- Qty_____

Dosage Form:
- ☐ Cream
- ☐ Troche
- ☐ Other_____

Strength:
- ☐ 0.1mg
- ☐ 0.5mg
- ☐ Other_____
- ☐ 1mg
- ☐ Other_____

Directions:_____Refills_____

HORMONE: | Dosage Form: | Strength:

- ☐ Progesterone
- Qty_____
- Refills_____
- Directions_____

Dosage Form:
- ☐ Oral capsules
- ☐ Transdermal Cream
- ☐ Other_____

Cream
- ☐ 10mg
- ☐ 20mg
- ☐ 15mg
- ☐ 25mg
- ☐ Other_____

Oral
- ☐ 100mg
- ☐ 150mg
- ☐ 125mg
- ☐ 175mg
- ☐ Other_____

HORMONE: | Dosage Form: | Strength: Female: | Males:

- ☐ Testosterone
- Qty_____
- Refills_____
- Directions:_____

Dosage Form:
- ☐ Transdermal Cream
- ☐ Troche
- ☐ Other_____

Strength: Female:
- ☐ 0.25mg
- ☐ 0.5mg
- ☐ 1mg
- ☐ Other_____

Males:
- ☐ 10mg
- ☐ 25mg
- ☐ 50mg
- ☐ Other_____

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

- ☐ DHEA
- Qty_____
- Refills_____
- Directions:_____

Dosage Form:
- ☐ Oral Capsule
- ☐ Transdermal Cream
- ☐ Other_____

Strength: Female:
- ☐ 2.5mg
- ☐ 5mg
- ☐ 7.5mg
- ☐ Other_____

Males:
- ☐ 25mg
- ☐ 50mg
- ☐ 75mg
- ☐ Other_____

Prescriber Name (printed)_____Phone:_____

Prescriber Signature:_____Date:_____