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



Patient

Address:

Healthway Compounding Pharmacy 2544 Mcleod Dr N Ste #2 Saginaw, MI 48604



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

D.O.B.

Date:

Phone:	Allergies:														
All compounds for clinical specific label and in patien Most Fre	it spe	cific packag	e	tion written f			-					•		th patient	
		This is not an a	ll encon	npassing list; Com	monly p	rescribed op	tions Dosing	is recomme	endatio	ons					
HORMONE: Estrogen			Do	sage Form:		Stre	ngth:								
□ Bi-est:80/20		Estradiol		Cream			0.1mg				1mg				
(Estriol/Estradiol)		Estriol		Troche			0.5mg				Othe	er			
Qty		Other		Other			Other_		_						
Directions:					Re	efills									
HORMONE:	Dos	age Form: Strength:													
■ Progesterone		Oral capsules				Cream			Oral						
Qty		Transdermal Cream				10mg		20mg			100n	ng		150mg	
Refills Directions		Other				_		_		_ _		ng er		175mg	
HORMONE:		Dosag	male:		Ma	ıles:									
■ Testosterone		☐ Transdermal Cream					0.25r		10:	mg					
Qty		□ Troche					0.5m		25mg						
Refills		□ Other					1mg	1mg			1 50mg				
Directions:							Other	r		Ot	her				
HORMONE: Dehydroe	pian	drosterone	Dos	sage Form:		Stre	ngth: Fe	male:			Male	s:			
■ DHEA				Oral Capsi	ule			2.5m	g			25mg			
Qty				Transderm	al C	ream		l 5mg				50mg			
Refills				Other				7.5m	g			75mg			
Directions:							0	Othe	r			Other_		_	
Prescriber Name (printed)							Ph	one:							
Prescriber Signature:							Dat	te:							

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