



Better Solutions. Better Care.

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Healthwayrx.com



Pharmacist to recommend Bio-identical Hormone Replacement Therapy dosage Male

Dear Healthway Pharmacist:

Please recommend BHRT dosage for the following patient:

Patient Name: _____ Date: _____

Patient phone: _____ Date of birth: _____

Is patient currently on Testosterone? _____ Dose: _____

Hormone Levels (Estradiol, Dhea-s, Testosterone, and Progesterone)
are attached

-will be faxed to Healthway Pharmacy when received.

Patient has the following issues: (Rank in order of importance)

- _____ Decreased muscle
- _____ Headaches
- _____ Hot Flashes
- _____ Low Libido
- _____ Weight gain
- _____ Sleep Disturbances
- _____ Increased irritability
- _____ Erection problems
- _____ Memory problems
- _____ Decreased sex drive

Dr. _____ Fax: _____

****Once this sheet and hormone levels have been sent to us, please allow
2 business days to receive a recommendation from the pharmacist. The
recommendation will not be a prescription, unless approved and written
by a licensed prescriber.**