



**Better Solutions. Better Care.**

Michael E. Collins, RPh, FIACP

Edward Wright, Pharm D.  
ABAHP, FAAMM

*Prescription Compounding  
Specialists*



2544 McLeod Dr., N., Ste. 2  
Saginaw, MI 48604-2854  
989.791.1691  
Toll Free: 866.883.8868  
Fax: 989.791.4603

## **Pharmacist to recommend BHRT 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 if available (Estradiol, Dhea-s, Testosterone, and Progesterone, Vit D, Cholesterol) 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

Prescriber (print/sign) \_\_\_\_\_

Fax: \_\_\_\_\_

**\*\*Once this sheet and hormone levels have been sent to us, please allow up to 4 business days to receive a recommendation from the pharmacist. The recommendation will not be a prescription, unless approved and written by a prescriber.**

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