

BH-Compounding Order Form

Valid only if transmitted by facsimile machine

PATIENT INFORMATION

Patient Name _____ Phone _____ DOB ____/____/____ SSN _____

Address _____ City _____ State _____ Zip _____

ICD10 CODES/DX _____ Patient will pick up at pharmacy Patient requests delivery Known Allergies _____

BORIC ACID

200mg 400mg 600mg

BI-EST (80% Estriol/20% Estradiol)

0.05mg 0.1mg 0.02mg 0.5mg
 0.625mg 1.25mg 2.5mg other _____

BI-EST (50/50 Estriol/Estradiol)

0.05mg 0.1mg 0.02mg 0.5mg
 0.625mg 1.25mg 2.5mg other _____

ESTRADIOL

0.5mg 1mg 1.25mg 1.5mg other _____

PROGESTERONE

6.25mg 12.5mg 25mg 75mg
 100mg 150mg 200mg other _____

0.5mg 1mg 1.25mg 1.5mg 2mg
 2.5mg 3mg 4mg 5mg other _____

DREAM CREAM

L-Arginine 6%, Aminophylline 3% 30gm other _____
 Sig: Apply 15-30 minutes before intercourse.
 Sildenafil 2%, Aminophylline 3%, Arginine HCl 6% 30gm other _____
 Sig: Apply 15-30 minutes before intercourse.

E2E3 VAGINAL CREAM

Estradiol 0.01%, Estriol 0.05% 20gm other _____
 Sig: Insert 1gm vaginally every evening at bedtime for 2 weeks, then 1-3 times a week as needed.
 Vitamin E 200 u/gm Vaginal Cream 30gm other _____
 Sig: Insert 1gm vaginally every day.

EXTERNAL HEMORRHOIDS

Lidocaine 5%, Hydrocortisone 1.25%, Diltiazem 2% Cr: (Dispensed in tube) Additions _____ (LHD)
 Sig: Apply 1gm (1/4 teaspoon = 1 gm) to affected area 2-3 times daily. FOR EXTERNAL USE ONLY QTY: 30gm (14 - day supply)

ADRENAL HEALTH

#60
 Sig: Take 2 capsules daily.

ALL PURPOSE NIPPLE OINTMENT

Mupirocin 1%, Betamethasone Acetate 0.025%, Clotrimazole 2% 30gm other _____
 Sig: Apply sparingly after each feeding. (Sparingly means just enough to make nipples and areola glossy or shiny).

QUANTITY

_____ 120gm Other Quantity _____ Refills 0 1 2 3 4 5 PRN

PRESCRIBER

Physician Name _____ Phone _____

Signature _____ Date ____/____/____

Dispense as Written

May Substitute

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