Office Name: ______________________________

Address: ______________________________

City: ________________ **State:** _____ **Zip:** ________

Phone: ( ) ______ - ________

Patient Name: ______________________________

Address: ______________________________

City: ________________ State: _______ Zip: _______

DOB: ____ /____ /_____ Phone: ( ) ______ - _______

Allergies: ______________________________

New Patient: Fax current insurance information with Rx

HORMONE THERAPY

		Medications	Strength	Directions	Supplied	Refills
Hormone Therapy (must write Testosterone)	Testosterone	______________**Cypionate PLUS** (sesame oil)	Cypionate 200mg/ml with Enanthate 20mg/ml	INJ ___ml ___ weekly ☐ include kit	10ml	☐ ____ ☐ none
		______________ **Cypionate** (commercial)	200mg/ml	INJ ___ml ___ weekly ☐ include kit	10ml	☐ ____ ☐ none
		________________ ☐ cream ☐ capsule	☐ 5mg ☐ 10mg ☐ ___ mg ☐ 50mg ☐ 100mg ☐ 200mg	☐ apply ___ gm QD ☐ 1 PO QD	☐ 30 ☐ 60 ☐ 90	☐ ___ ☐ none
	Estrogen	**Estradiol Valerate** (sesame oil)	20mg/ml	INJ ___ml ___ weekly ☐ include kit	10ml	☐ ____ ☐ none
		O **Estriol** O **Estradiol** ☐ cream ☐ capsule ☐ troche	☐ 0.5mg ☐ 1mg ☐ 2mg ☐ 5mg ☐ 10mg ☐ _____ mg	☐ apply ___ gm QD ☐ 1 PO QD	☐ 30 ☐ 60 ☐ ___	☐ ___ ☐ none
		Bi-Est ☐ cream ☐ capsule ☐ troche ☐ **70/30** ☐ **50/50** ☐ ___/___	☐ 0.5mg ☐ 0.625 ☐ 1mg ☐ 1.25mg ☐ 2mg ☐ 5mg ☐ 10mg ☐ _____ mg	☐ apply ___ gm QD ☐ 1 PO QD	☐ 30 ☐ 60 ☐ ___	☐ ___ ☐ none
		Progesterone ☐ cream ☐ capsule ☐ troche	☐ 25mg ☐ 50mg ☐ 75mg ☐ 100mg ☐ 200mg ☐ ____ mg	☐ apply ___ gm QD ☐ 1 PO QD	☐ 30 ☐ 60 ☐ 90	☐ ___ ☐ none
	Hormone Blockers	**Bicalutamide** (tablets)	50mg	☐ 1 PO QD	☐ 30 ☐ 60 ☐ 90	☐ ___ ☐ none
		Finasteride (tablets)	1mg	☐ 1 PO QD	☐ 30 ☐ 60 ☐ 90	☐ ___ ☐ none
		Spironolactone (tablets)	☐ 25mg ☐ 50mg	☐ ½ ☐ 1 PO QD	☐ 30 ☐ 60 ☐ 90	☐ ___ ☐ none
		Anastrozole (tablets)	1mg	☐ 1 PO QD	☐ 30 ☐ 60 ☐ 90	☐ ___ ☐ none
GHRH		**Sermorelin**	1000mcg/ml	☐ INJ 0.3ml SQ QD Mon – Fri ☐ ________________ ☐ include kit	☐ 1 – 6ml ☐ 2 – 6ml	☐ ____ ☐ PRN ☐ none
CUSTOM						

	Medications	Strength	Directions	QTY	Refills
PDE-5 inhibitors (troches)	☐ **Sildenafil** with Apomorphine 2mg ☐ oxytocin 125 units	☐ 25mg ☐ 50 mg ☐ 100 mg	Troche: completely dissolve ☐ ¼ ☐ ½ ☐ 1 troche under tongue 1-2 hours prior to sexual activity	☐ 30 ☐ 60 ☐ 90	☐ ____ ☐ PRN ☐ none
	☐ **Vardenafil** with Apomorphine 2mg ☐ oxytocin 125 units	☐ 5mg ☐ 10mg ☐ 20mg		☐ 30 ☐ 60 ☐ 90	☐ ____ ☐ PRN ☐ none
	☐ **Avanafil** with Apomorphine 2mg ☐ oxytocin 125 units	☐ 50mg ☐ 100mg ☐ 200mg		☐ 30 ☐ 60 ☐ 90	☐ ____ ☐ PRN ☐ none
	☐ **Tadalafil** with Apomorphine 2mg ☐ oxytocin 125 units	☐ 5mg ☐ 10mg ☐ 20mg		☐ 30 ☐ 60 ☐ 90	☐ ____ ☐ PRN ☐ none

Additional SIG:

(office) 855-277-2488 (fax) 888-689-9892

Prescriber Name: ______________________________

Prescriber Signature: ______________________________

DEA #: ______________ **NPI #:** ______________ **Date:** ___ /___ /_____

Supervising Physician: ____________________ **DEA #:** ______________

RPS2020