



PATIENT NAME \_\_\_\_\_ PATIENT DOB \_\_\_\_\_

ALLERGIES \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_

DAY PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRESCRIBER NAME \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**HRT ACTIVE INGREDIENTS**

- PROGESTERONE: \_\_\_\_\_ mg     BIEST: (E2) \_\_\_\_\_ % (E3) \_\_\_\_\_ % \_\_\_\_\_ mg
- ESTRADIOL: \_\_\_\_\_ mg     ESTRIOL: \_\_\_\_\_ mg     ESTRONE: \_\_\_\_\_ mg
- DHEA: \_\_\_\_\_ mg     PREGNENOLONE: \_\_\_\_\_ mg     TESTOSTERONE: \_\_\_\_\_ mg
- OTHER: \_\_\_\_\_ mg

**HRT FORMULATION**

- CAPSULE     Immediate Release     Slow Release     TROCHE
- TROCHE/SUSPENSION FLAVOR:     Mint     Tutti Fruti     Pina Colada     Other \_\_\_\_\_

**HRT DIRECTIONS**

- COMBINATION PRODUCT Check to combine into 1 combination product otherwise ingredients will be kept separate
- PROGESTERONE     BIEST     ESTRADIOL     ESTRIOL     TESTOSTERONE     DHEA     PREGNENOLONE

**SUSPENSION CONCENTRATION :**

- PROGESTERONE: \_\_\_\_\_ mg /mL     BIEST: \_\_\_\_\_ mg /mL     ESTRIOL: \_\_\_\_\_ mg /mL     ESTRADIOL: \_\_\_\_\_ mg /mL
- TESTOSTERONE: \_\_\_\_\_ mg /mL     DHEA: \_\_\_\_\_ mg /mL     PREGNENOLONE: \_\_\_\_\_ mg /mL

OTHER: \_\_\_\_\_

DIRECTIONS: \_\_\_\_\_

**QUANTITY**

- 30 days     60 days     90 days

REFILL(S) \_\_\_\_\_

**DRUG INDUCED NUTRIENT DEPLETIONS (DINDs)**

Drug induced nutrients depletions are common with hormone replacement therapy. The pharmacist will discuss any of the below therapies that have been check off by the ordering provider with the patient .

- DISCUSS ALL DINDs     VITAMIN D     VITAMIN B6 (PYRIDOXINE)     VITAMIN B12     VITAMIN B1 (THIAMINE)
- FOLIC ACID     VITAMIN B2 (RIBOFLAVIN)     MAGNESIUM     VITAMIN C     BIOTIN     FOLIC ACID

**PRESCRIBER AUTHORIZATION**

PRESCRIBER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_