



PATIENT NAME \_\_\_\_\_ PATIENT DOB \_\_\_\_\_  
 ALLERGIES \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_  
 DAY PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PRESCRIBER NAME \_\_\_\_\_  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
 NPI \_\_\_\_\_ DEA \_\_\_\_\_  
 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 BASES**

- VERSA CREAM (Most Common)     LIPO CREAM     COCONUT CREAM     VERSA ANHYDROUS CREAM     HRT CREAM  
 POLYPEG SUPPOSITORY BASE (Most Common)     COCOA BUTTER SUPPOSITORY BASE     OTHER: \_\_\_\_\_

**HRT DEVICE**

- UNODOSE (0.25 mL/click)     TICKER (0.05 mL/click)    PUMP:     0.25 mL/Pump     0.5 mL/Pump     1 mL/Pump  
 VETPEN (0.05 mL/click)     SYRINGES     TUBE     SUPPOSITORY

**HRT DIRECTIONS**

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