

 **APOTHECARY OPTIONS**
Oral Capsule Order Form

Patient Name: _____ Date: _____
Address: _____ Date of Birth: _____
City: _____ State: _____ Zip: _____ Allergies: _____
Day Phone: (_____) _____ Evening Phone: (_____) _____

Bio-Identical HRT Oral Capsule Order Form – Check all that apply

- Bi-Est** _____ **mg/capsule** Usual oral Bi-Est dosage range = 0.625mg – 10 mg/day
Bi-Est formulation = 20% Estradiol (E2) + 80% Estriol (E3)
- Tri-Est** _____ **mg/capsule** Usual oral Tri-Est dosage range = 0.625mg – 10 mg/day
Tri-Est = 10% Estradiol (E2) + 10% Estrone (E1) + 80% Estriol (E3)
- Estradiol (E2)** _____ **mg/capsule** Usual oral Estradiol (E2) dosage range = 0.25 – 2mg/day
- Estriol (E3)** _____ **mg/capsule** Normal oral dosage range for Estriol (E3) = 2 – 8 mg/day
- Progesterone** _____ **mg/capsule** Normal oral dose range 25-400 mg/day
(max of 200mg/capsule)
- *Testosterone** _____ **mg/capsule** Normal oral dosage range 2-10 mg/day
- DHEA** _____ **mg/day** Normal oral dosage range 5 – 25mg/day

Mixing Instructions – check all that apply

- Slow Release capsules** **Oil Capsules** (prepared in safflower oil)
- Combine all ingredients into one capsule**
- Special Instructions:**

Sig:

QTY _____ **Refill** _____

Prescriber Signature: _____
Prescriber Name: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
State License: _____ **DEA:** _____ * Required for Testosterone
Phone: (_____) _____ **Fax:** (_____) _____