Prescription Order Form

Patient Name: ______________________________________ **Date**: ____________________

Address: ______________________________________ **Date of Birth**: ________________

City: __________________________________ **State**: __________ **Zip**: ________________

Allergies: ____

Day Phone: (_______)________________ **Evening Phone**: (_________)__________________

- **Progesterone 100mg vaginal suppository**
- **Progesterone 200mg vaginal suppository**
- **Call us directly about other strengths and/or combinations with estradiol**

Qty: __________

Sig: ____

Refill: _________

Prescriber Signature: ____

Prescriber Name: ____

Address: ____

City: ______________________________________ **State**: _________ **Zip**: _____________

State License: ________________________ **NPI**: __________________________________

Phone: (________) _____________________ **Fax**: (________) _______________________

Instructions:

- ❒ **Complete all sections.**
- ❒ **We must verify the legitimacy of all prescriptions as required by law.**
- ❒ **We will contact you to arrange for payment and shipping. Refrigerated shipping fees may apply.**
- ❒ **Fax or mail the completed prescription to:**

3006 Esplanade, Suite I, Chico, CA 95973
phone: 530-345-RxRx (7979) fax: 530-345-9797
toll free 1-866-586-4633
www.apothecaryoptions.com