

BLACKBURN DRUG

PHONE: 307-201-1159 L FAX: 307-201-1553
BLACKBURNDRUG.COM
545 N CACHE - UNIT 10-S JACKSON WY 83001

PATIENT NAME _____ DOB _____
ADDRESS _____ PHONE _____
ALLERGIES _____

- ESTRIOL (E3) 2 MG SUPPOSITORY (PREFERRED VAGINAL ESTROGEN)
 - INSERT 1 SUPPOSITORY VAGINALLY TWICE A WEEK AT BEDTIME
 - QUANTITY _____
 - REFILLS _____

- PROGESTERONE SR CAPSULES _____MG
 - TAKE 1 CAPSULE BY MOUTH EVERY NIGHT AT BEDTIME
 - #100 CAPSULES
 - REFILLS _____

- (WRITE TESTOSTERONE) _____ 1 MG/0.1 ML
 - APPLY 1/10TH OF 1 ML TO CLEAN DRY SKIN DAILY
 - QUANTITY 9 ML
 - REFILLS _____

- (WRITE TESTOSTERONE) _____/DHEA 1.25/2.5 MG/0.1 ML
 - APPLY 1/10TH OF 1 ML TO CLEAN DRY SKIN DAILY
 - QUANTITY 9 ML
 - REFILLS _____

- BIEST(80/20) _____MG/GM PROGESTERONE _____MG/GM
 - APPLY 1 CLICK (¼ ML) TO CLEAN DRY SKIN DAILY.
 - QUANTITY _____
 - REFILLS _____

- BIEST(80/20) _____MG/GM
 - APPLY 1 CLICK (¼ ML) TO CLEAN DRY SKIN DAILY.
 - QUANTITY 30 GM
 - REFILLS _____

PHYSICIAN NAME _____ DATE _____
SIGNATURE _____ DEA _____