

Prescriber Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

DEA#: \_\_\_\_\_ State License #: \_\_\_\_\_ NPI#: \_\_\_\_\_

Patient \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Known Allergies \_\_\_\_\_

**STATIC DOSING** Bioidentical Hormone Replacement Therapy

**BiEst 80:20 (mg/g)**

- 0.25
- 0.50
- 0.75
- 1.0
- 1.25
- 1.5
- 1.75
- 2.0
- 2.5
- 3.0
- 3.5
- 4.0
- 4.5
- Other: \_\_\_\_\_



**Progesterone (mg/g)**

- 25
- 50
- 75
- 100
- 125
- 150
- Other: \_\_\_\_\_



**T: \_\_\_\_\_ (mg/g)**

- 1
- 2
- 3
- 4
- 5
- 10
- Other: \_\_\_\_\_
- 25
- 50
- 75
- 100
- 150
- 200



To include **Testosterone**, please hand write in the space above

\_\_\_\_\_

A) **QTY**  QS x 1 month **Sig:** \_\_\_\_\_ **Refills:** \_\_\_\_\_

Rx



B)

**Desired Hormones per Ticker Dispenser**

A

Please check or circle

B

- E3 E2**  
BiEst 80/20
- P**  
Progesterone
- T**  
Testosterone



- T**  
Testosterone
- P**  
Progesterone
- E3 E2**  
BiEst 80/20



\*Choose your base:  Lipoderm  Pharmabase

\*HRT Cream Base  Versagel  \_\_\_\_\_

Other Base:

\*Default Base used on most topical hormone formulations when not specified

**\*TICKER CONVERSION CHART (Click-to-Gram)**

1 CLICK = 0.05 gm	6 CLICKS = 0.30 gm	11 CLICKS = 0.55 gm	16 CLICKS = 0.80 gm
2 CLICKS = 0.10 gm	7 CLICKS = 0.35 gm	12 CLICKS = 0.60 gm	17 CLICKS = 0.85 gm
3 CLICKS = 0.15 gm	8 CLICKS = 0.40 gm	13 CLICKS = 0.65 gm	18 CLICKS = 0.90 gm
4 CLICKS = 0.20 gm	9 CLICKS = 0.45 gm	14 CLICKS = 0.70 gm	19 CLICKS = 0.95 gm
5 CLICKS = 0.25 gm	10 CLICKS = 0.50 gm	15 CLICKS = 0.75 gm	20 CLICKS = 1.0 gm



**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pharmacy Name** \_\_\_\_\_ **Address** \_\_\_\_\_  
**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_