

PRESCRIBING GUIDES

TICKER[®]
TRANSDERMAL DISPENSER

Tickermimi

gentledose[®]
VAGINAL APPLICATOR



These forms are designed to train and inform prescribers on TICKER applicators' dispensing capabilities, and popular dosages. All TICKER applicators operate on the same dosing mechanism to reduce necessary patient training. These forms are not intended to be used for prescriptions.

biosrx

Prescriber Name: _____
 Address, City, Zip: _____
 Phone: _____ Fax: _____
 DEA#: _____ State License #: _____ NPI#: _____

Patient _____ Date of Birth _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 Known Allergies _____

Bioidentical Hormone Replacement Therapy

BiEst 80:20 (mg/mL)		Progesterone (mg/mL)		T: _____ (mg/mL)	
<input type="checkbox"/> 0.25	<input type="checkbox"/> 2.0	<input type="checkbox"/> 25	<input type="checkbox"/> 1	<input type="checkbox"/> 25	
<input type="checkbox"/> 0.50	<input type="checkbox"/> 2.5	<input type="checkbox"/> 50	<input type="checkbox"/> 2	<input type="checkbox"/> 50	
<input type="checkbox"/> 0.75	<input type="checkbox"/> 3.0	<input type="checkbox"/> 75	<input type="checkbox"/> 3	<input type="checkbox"/> 75	
<input type="checkbox"/> 1.0	<input type="checkbox"/> 3.5	<input type="checkbox"/> 100	<input type="checkbox"/> 4	<input type="checkbox"/> 100	
<input type="checkbox"/> 1.25	<input type="checkbox"/> 4.0	<input type="checkbox"/> 125	<input type="checkbox"/> 5	<input type="checkbox"/> 150	
<input type="checkbox"/> 1.5	<input type="checkbox"/> 4.5	<input type="checkbox"/> 150	<input type="checkbox"/> 10	<input type="checkbox"/> 200	
<input type="checkbox"/> 1.75	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____		



To include **Testosterone**, please
handwrite in the space above

A) QTY QS x 1 month

Sig: _____ Refills: _____



Rx



B)

Desired Hormones per Ticker Dispenser

Please check or circle

<input type="checkbox"/> E3 E2 BiEst 80/20		<input type="checkbox"/> T Testosterone	
<input type="checkbox"/> P Progesterone		<input type="checkbox"/> P Progesterone	
<input type="checkbox"/> T Testosterone		<input type="checkbox"/> E3 E2 BiEst 80/20	

Choose your base: Lipoderm Pharmabase
 HRT Cream Base Versagel _____
 Other Base:

*TICKER CONVERSION CHART (Click-to-Milliliter)			
1 CLICK = 0.05 mL	6 CLICKS = 0.30 mL	11 CLICKS = 0.55 mL	16 CLICKS = 0.80 mL
2 CLICKS = 0.10 mL	7 CLICKS = 0.35 mL	12 CLICKS = 0.60 mL	17 CLICKS = 0.85 mL
3 CLICKS = 0.15 mL	8 CLICKS = 0.40 mL	13 CLICKS = 0.65 mL	18 CLICKS = 0.90 mL
4 CLICKS = 0.20 mL	9 CLICKS = 0.45 mL	14 CLICKS = 0.70 mL	19 CLICKS = 0.95 mL
5 CLICKS = 0.25 mL	10 CLICKS = 0.50 mL	15 CLICKS = 0.75 mL	20 CLICKS = 1.0 mL



Physician Signature: _____ Date: _____

Pharmacy Name _____ Address _____
 Phone # _____ Fax # _____

Ticker Physician Vol. 3.2
Confidentiality Notice: This fax transmission contains confidential information. If you are not the intended recipient, then any copying, distributing, or reliance of any of the enclosed information is strictly prohibited. Please notify the sender to arrange return or destruction of the documents. Prescribers are also reminded patients have choices with regards to pharmacy selection.

Prescriber Name: _____
 Address, City, Zip: _____
 Phone: _____ Fax: _____
 DEA#: _____ State License #: _____ NPI#: _____

Patient _____ Species _____ Date of Birth _____
 Pet Parent _____ Known Allergies _____
 Address _____ Phone _____
 City _____ State _____ Zip _____

1 CLICK = 0.05 mL 2 CLICKS = 0.10mL

- | | | | |
|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Methimazole (mg/ 0.1mL) | Mirtazapine (mg/ 0.1mL) | Fluoxetine (mg/ 0.1mL) | Amitriptyline (mg/ 0.1mL) |
| <input type="checkbox"/> 1.25 | <input type="checkbox"/> 0.05 | <input type="checkbox"/> 1 | <input type="checkbox"/> 0.05 |
| <input type="checkbox"/> 2.5 | <input type="checkbox"/> 0.10 | <input type="checkbox"/> 1.5 | <input type="checkbox"/> 0.10 |
| <input type="checkbox"/> 3.75 | <input type="checkbox"/> 0.15 | <input type="checkbox"/> 2 | <input type="checkbox"/> 0.15 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 0.20 | <input type="checkbox"/> 2.5 | <input type="checkbox"/> 0.20 |
| <input type="checkbox"/> 6.25 | <input type="checkbox"/> 0.25 | <input type="checkbox"/> 3 | <input type="checkbox"/> 0.25 |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> 0.30 | <input type="checkbox"/> 3.5 | <input type="checkbox"/> 0.30 |
| | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ |

QTY
 A) QS x 1 month _____ Sig: _____ Refills: _____

Rx
TICKERmini
 Transdermal Dispenser

Desired medications per TICKERmini Dispenser

- B)
- | | |
|---|---|
| A | Please check or circle |
| <input type="checkbox"/> Methimazole
<input type="checkbox"/> Mirtazapine
<input type="checkbox"/> Fluoxetine
<input type="checkbox"/> Amitriptyline | <input type="checkbox"/> Amitriptyline
<input type="checkbox"/> Fluoxetine
<input type="checkbox"/> Mirtazapine
<input type="checkbox"/> Methimazole |



Choose your base: *TD Lipo PLO Ultramax Gel
 Lipoderm Trans Pen _____
Other Base:

*Default Base used on most transdermal formulations when not specified

*TICKERmini CONVERSION CHART (Click-to-mL)			
1 CLICK = 0.05 mL	6 CLICKS = 0.30 mL	11 CLICKS = 0.55 mL	16 CLICKS = 0.80 mL
2 CLICKS = 0.10 mL	7 CLICKS = 0.35 mL	12 CLICKS = 0.60 mL	17 CLICKS = 0.85 mL
3 CLICKS = 0.15 mL	8 CLICKS = 0.40 mL	13 CLICKS = 0.65 mL	18 CLICKS = 0.90 mL
4 CLICKS = 0.20 mL	9 CLICKS = 0.45 mL	14 CLICKS = 0.70 mL	19 CLICKS = 0.95 mL
5 CLICKS = 0.25 mL	10 CLICKS = 0.50 mL	15 CLICKS = 0.75 mL	20 CLICKS = 1.0 mL

Prescriber Signature: _____ Date: _____

Pharmacy Name _____	Address _____
Phone # _____	Fax # _____

Confidentiality Notice: This fax transmission contains confidential information. If you are not the intended recipient, then any copying, distributing, or reliance of any of the enclosed information is strictly prohibited. Please notify the sender to arrange return or destruction of the documents. Prescribers are also reminded patients have choices with regards to pharmacy selection.

Pebble Beach mini Suppositories



Patient Benefits

- ◆ **Petite Size**
- ◆ **Faster Absorption**
- ◆ **Less Leakage/Mess**
- ◆ **Faster Onset of Action**
- ◆ **Improved Patient Compliance**
- ◆ **Hypoallergenic bases available**

Dear Practitioner

Our pharmacy is now compounding various types of personalized medications readily available as *mini*-Suppositories. This new form of suppositories offer numerous benefits, and they are available almost exclusively through our compounding facility. Developed by compounding pharmacists, Pebble Beach *mini*-Suppositories offer unmatched comfort and unique advantages like never before. Some of the benefits include ease of insertion, improved patient adherence, greatly reduced leakage after insertion. Pebble Beach may be packaged with the Gentle Dose[®] cavity applicator when requested. *Each mini-Suppository measures 0.5mL, (0.53 inches in height).*

PEBBLE BEACH Mini Suppository (common drugs)

ESTROGEN (mg)			PROGESTERONE (mg)		TESTOSTERONE (mg)		DHEA (mg)	
<input type="checkbox"/> Estradiol	<input type="checkbox"/> 0.5	<input type="checkbox"/> 3	<input type="checkbox"/> 25	<input type="checkbox"/> 75	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 2.5	<input type="checkbox"/> 15
<input type="checkbox"/> Estriol	<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 50	<input type="checkbox"/> 100	<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 5	<input type="checkbox"/> 20
<input type="checkbox"/> Biest (80:20)	<input type="checkbox"/> 2	<input type="checkbox"/> 5			<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 25

Common Instructions: Insert one to two pebble(s) with Gentle Dose applicator, or as directed.

**Other dosages and medications may be available as mini-Suppositories. Contact our pharmacy to learn more.*



Pharmacy Name _____ Phone # _____

Address _____ Fax # _____