



608 S Houston Lake Rd
Warner Robins, GA 31088

Phone: 478-333-6767 | Fax: 478-333-6228

BHRT for Women Order Form

Provider Information

OFFICE NAME:

OFFICE ADDRESS:

OFFICE PHONE:

OFFICE FAX:

Patient Information

NAME	DOB
ADDRESS	
CITY	STATE/ZIP
PHONE	EMAIL
ALLERGIES	SEX

BHRT Topical: Cream or Troche (circle one)

Quantity: 30 Refills: _____

☐ Bi-Est 80:20

OR ☐ Bi-Est 50:50

☐ Estradiol

OR ☐ Estriol

☐ Progesterone (micronized)

☐ Testosterone (micronized)

☐ DHEA

_____ mg/mL

_____ mg/mL

_____ mg/mL

_____ mg/mL

_____ mg/mL

\$55

Instructions:

☐ Dissolve one troche between cheek and gum once daily ☐ Apply one mL (four clicks) of cream to skin once a day

☐ Progesterone SR capsules _____ mg (mg: 10, 25, 50, 75, 100, 125, 150, 175, 200, 225, 250, 275, 300)

Instructions: ☐ Take 1 capsule by mouth once daily Quantity: _____ Refills: _____

\$48 for 30 caps / \$90 for 60 caps / \$130 for 90 caps

Sig: Apply topically to scalp daily as directed.

QTY: 60mL

Custom Sig: _____

☐ Mail to Patient

Refill: 0 1 2 3 4 5

Prescriber's Name: _____ NPI: _____

Prescriber's Signature: _____ Date: _____

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FAX FORM TO ROBINS PHARMACY: 478-333-6228