



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)

- Bi-Est 80:20
- Estradiol
- Progesterone (micronized)
- Testosterone (micronized)
- DHEA

OR Bi-Est 50:50

OR Estriol

Quantity: 30 Refills: _____

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:** _____

This fax transmission may contain confidential information belonging to the sender, which is greatly privileged. This information is intended for the use of the recipient named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this faxed information is strictly prohibited. Please notify us by phone to arrange for the return of the original documents.

FAX FORM TO ROBINS PHARMACY: 478-333-6228