AssureRx PHARMACY
Phone: 210.467.5174 I Fax: 210.467.5184

Patient Name: _____**DOB:** _____
Address: _____ **City:** _____
State: ____ **Zip:** _____ **Phone:** _____ ☐ **Male** ☐ **Female**
Allergies: _____
**** All prescriptions are intended for prescribed patient****

Office Name: _____
Address: _____
City: _____**State:** ____**Zip:** _____
Phone: _____**Fax:** _____

Medication	Strength	Directions	Quantity	Refill
BHRT				
Bi-Est Cream Capsule Troche **80/20 70/30 50/50 ___/___**	0.5mg 0.625 1 mg 1.25mg 2mg 5mg 10mg ___mg	apply___gm qD 1 PO qD	30 60 ____	
Tri-Est Cream Capsule Troche **80/10/10 ____/___/____**	0.5mg 0.625 1 mg 1.25mg 2mg 5mg 10mg ___mg	apply___gm qD 1 PO qD	30 60 ____	
Progesterone Cream Capsule Troche	25mg 50mg 75mg 100mg 200mg ___mg	apply___gm qD 1 PO qD	30 60 ____	
_____ **(Must write Testosterone)** Cream Capsule Troche	1mg 2mg 4mg 5mg 10mg __mg	apply____gm qD 1PO qD	30 60 ____	
DHEA Cream Capsule Troche	5mg 10mg 15mg 20mg ___mg	apply___gm qD 1PO qD	30 60 ____	
Pregnenolone Capsule	25mg 50mg 100mg 250mg ___mg	____PO qD	30 60 ____	
☐ **Estriol (E3)** ☐ **Estradiol (E2)** ☐ **Estrone (E1)** Cream Capsule Troche Vaginal cream	0.5mg 0.625 1 mg 1.25mg 2mg 5mg 10mg ___mg	apply__gm qD 1PO qD PV 1gm qHS 14 days, PV gm qHS 2 times week for 14 days, PRN	30 60 ____	
CUSTOM:				
Combination (1) Cream/ capsule	**YES NO**	apply__gm qD 1 PO qD	30 60 ____	
GHRT & Sexual Enhancement				
Naltrexone LDN (for migraines)	1.5mg 3 mg 4.5mg	Take 1 PO QHS	30 60____	
Gabapentin (for migraines)	1.2%	**Apply 1mL to wrist**	30gm	
Oxytocin (trochee)	10iu 50 iu	Completely dissolve 1 trochee under tongue BID	60	
Libido Cream (must write Testosterone)	Sildenafil 2.5%, Arginine 6%, Pentoxifylline 5% with _____ 0.4%	PRN PV prior to intercourse	15gm	

Prescriber Name: _____ Prescriber Signature: _____

DEA# _____ NPI#_____ Date: _____

Supervising Physician _____ DEA# _____