



Women's Hormone Replacement Therapy

Fax To: 866-635-2329

Supervising Physician's Name(MD/DO Only)	DEA#	Phone	Fax
Practice Name & Address	City	State	Zip
Patient Name	DOB	Phone	
Patient Address	City	State	Zip

Bill To: Office Patient Ship To: Office Patient

Estrogen*

Estrogen Lotion

- Bi-Est (80/20) Lotion Bi-Est (50/50) Lotion
 - 0.25mg/mL Lotion 0.5mg/mL Lotion 1mg/mL Lotion
 - 2mg/mL Lotion 2.5mg/mL Lotion _____mg/mL Lotion
- Sig: Apply _____ mL _____ time(s) topically daily, or days _____ to _____ of cycle.
Disp: _____ month supply

Estrogen Cream (hypoallergenic base)

- Estradiol 0.01% & Vitamin E 200IU/gm Cream
 - Estriol 0.05mg & Vitamin E 200IU/gm Cream
- Sig: Insert 1gm vaginally qhs for 7-14 days, then 2-3 times weekly thereafter
Disp: 30gm

Estrogen Capsules

- Bi-Est (80/20) Capsule
 - 1.25mg Capsule 2.5mg Capsule 5mg Capsule
 - _____mg Capsule
- Sig: 1 Capsule PO QD or BID
Disp: _____ month supply

Progesterone

Progesterone Lotion

- 10mg/mL Lotion 20mg/mL Lotion
 - 25mg/mL Lotion _____mg/mL Lotion
- Sig: Apply _____ mL _____ time(s) topically daily, or days _____ to _____ of cycle.
Disp: _____ month supply

Progesterone Capsules

- 25mg Capsule 50mg Capsule 100mg Capsule
 - 200mg Capsule _____mg Capsule
- Sig: 1 Capsule PO QD or BID
Disp: _____ month supply

Testosterone

Testosterone Gel

- 1mg/0.1mL Gel 2mg/0.1mL Gel
 - 3mg/0.1mL Gel _____mg/0.1mL Gel
- Sig: Apply 0.1mL to wrist _____ times daily.
Disp: _____ month supply.

Combination Therapies (PMS, Peri-Menopause, Menopause, & Cancer-Risk Patients)

Progesterone 20mg/mL Lotion

Sig: Apply 0.5mL BID on days 12-28 of cycle.
Disp: 30mL

Progesterone 100mg Capsule

Sig: 1 Capsule PO QHS on days 12-28 of cycle.
Disp: #30 Capsules

Progesterone 20mg/mL & Biest (80/20) 0.5mg/mL Lotion

Sig: Apply 0.5mL BID on days 12-28 of cycle.
Disp: 30mL

Progesterone 100mg/mL & Biest (80/20) 1mg Capsules

Sig: 1 capsule PO on days 12-28 of cycle.
Disp: #30 Capsules

Progesterone 10mg/mL & Biest (80/20) 0.5mg/mL & Testosterone 2mg/mL Lotion

Sig: Apply 0.5mL BID
Disp: 30mL

Progesterone 100mg & Biest (80/20) 1mg & Testosterone 4mg Capsule

Sig: 1 capsule PO QD.
Disp: #30 Capsules

IF CANCER RISK: Progesterone 20mg/mL & Estriol 1mg/mL Lotion

Sig: Apply 0.5mL BID
Disp: 30mL

IF CANCER RISK: Progesterone 100mg & Estriol 4mg Capsule

Sig: 1 capsule PO QD.
Disp: #30 Capsules

*It is recommended to add progesterone to any estrogen-only therapy.

Other Compound or Delivery Requests: _____ Refills: _____ 1 2 3 4 5

Prescriber's Signature (MD, DO, NP, or PA Only): _____ DEA#: _____ Date: _____

Innovation Compounding makes no claims of safety and/or efficacy as these compounded products have not been evaluated or approved by the FDA.



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Practice Name & Address	City	State	Zip
Patient Name	DOB	Phone	
Patient Address	City	State	Zip

Bill To: Office Patient Ship To: Office Patient

Custom Therapies

Step 1: Circle Dosage Form
 Capsule Lotion Vaginal Cream Gel Troche

Step 2: Select Strength

Progesterone	10mg	25mg	50mg	100mg	200mg	_____mg
Bi-est (check one)						
<input type="checkbox"/> (80/20)						
<input type="checkbox"/> (50/50)	0.5mg	1mg	2mg	2.5mg	3mg	_____mg
Testosterone	0.5mg	1mg	2mg	3mg	4mg	_____mg
DHEA	5mg	10mg	25mg	30mg	50mg	_____mg
Estriol	0.5mg	1mg	2mg	3mg	4mg	_____mg

Step 3: Circle Quantity
 15 30 60 90

Step 4: Directions _____

Other Compounds

- Creams
 - Arginine* 6% + Aminophylline 3% + NTG 0.25% Cream
 - Sildenafil 2% + Aminophylline 3% + NTG 0.25% Cream
 - Sildenafil 4% + Phentolamine 1% + NTG 0.25% Cream
 - Trial Of All Three Formulas, 5 gms each
- Sig: Apply Pea-Sized Amount To Clitoris 20 Minutes Prior to Coitus
 Qty:10gm
**Not recommended for patients with HSV*

Diazepam Suppositories (Fatty Base)

- Diazepam 5mg Suppositories
- Diazepam 10mg Suppositories
- Diazepam 20mg Suppositories

Sig: Insert 1 Suppository Vaginally
QHS x 30 Days, Then 3x Weekly Thereafter
 Qty:45 Suppositories

Estradiol 0.01% & Vitamin E 200IU/gm Cream (hypoallergenic base)

(Usual Range: 0.5 to 1 gm)
 Sig: Apply _____ gm to Vulva / Vagina
(Circle One)

(Frequency & Duration)
 Qty:30gm

Supplements

- Vitamin D3 1000 IU Qty: 100 softgels
- Vitex (chasteberry) Qty: 60 veggie capsules
- Hair, Skin, & Nails Complex Qty: 90 tablets
- BioDIM I-3-C Complex Qty: 60 capsules

Thyroid

- T3 _____ mcg Capsule
 - T4 _____ mcg Capsule
- Sig: Take 1 PO QAM, on an empty stomach.
 Disp: #90 Capsules

Hormone Pellets

Product	Quantity
Biest (50/50) 25mg Pellet (Estriol 12.5mg/Estradiol 12.5mg)	
DHEA 25mg Pellet	
DHEA 50mg Pellet	
Estradiol 12.5mg Pellet	
Estradiol 25mg Pellet	
Estradiol 50mg Pellet	
Progesterone 50mg Pellet	
Progesterone 100mg Pellet	
Testosterone 12.5mg Pellet	
Testosterone 25mg Pellet	
Testosterone 50mg Pellet	
Testosterone 100mg Pellet	

Sig: Insert pellets for in office procedure

Trocar Kit
 3.2 mm Trocar Kit

Other Compound or Delivery Requests: _____ Refills: _____ 1 2 3 4 5
 Prescriber's Signature (MD, DO, NP, or PA Only): _____ DEA#: _____

Date: _____