HARBORSIDE
PHARMACY & WELLNESS

BHRT Prescription Order Form

Date: _____ Patient's Name: _____
DOB: _____ Phone Number: _____ Allergies: _____
Address: _____

HRT Capsules

Check one: ☐ IR ☐ SR Progesterone Strength: ☐ 100mg ☐ 200mg ☐ Other:_____
Enclomiphene Strength: ☐ 12.5mg ☐ 25mg ☐ Other:_____
DHEA Strength: ☐ 20mg ☐ 50mg ☐ Other:_____
Directions: ☐ 1 capsule po daily ☐ Other: _____ Quantity: ☐ 30 days ☐ 60 days ☐ 90 days Refills: _____

Clinical difference: *Compounded capsules — compounded to meet individual patient needs — specific strength, combination, or dosage form not manufactured commercially.*

Testosterone Cypionate MCT Oil Prefilled Syringes x 4 (Compounded)

Check one: ☐ 2.5 mg ☐ 5 mg ☐ 50 mg ☐ 100 mg
Route: ☐ SubQ Directions: ☐ Once per week ☐ Other: _____
Quantity: ☐ 30 days ☐ 60 days ☐ 90 days Refills: _____

Clinical difference: *Differs from commercial testosterone cypionate in three ways: (1) compounded in MCT oil rather than cottonseed oil; (2) the 25 mg/mL strength has no commercial equivalent, enabling microdosing (2.5 mg, 5 mg); (3) supplied as prefilled, pharmacist-verified syringes.*

☐ Prescriber attestation: I determine this compounded testosterone formulation is medically necessary for this patient based on the clinical differences above.

HRT Troche (3D Printed with Precision)

Dissolve troche between gum & cheek. Testosterone: ☐ Indicate Strength (mg): _____ Progesterone: ☐ 100mg ☐ 200mg ☐ Other: _____
Biest (80% estriol, 20% estradiol): ☐ 0.5 mg ☐ 1mg ☐ 2mg ☐ Other: _____
Biest (50% estriol, 50% estradiol): ☐ 0.5 mg ☐ 1mg ☐ 2mg ☐ Other: _____
Add ingredient(s): _____
Directions: ☐ QD ☐ BID ☐ Other: _____ Quantity: ☐ 30 days ☐ 60 days ☐ 90 days Refills: _____

Clinical difference: *Compounded to meet individual patient needs — specific strength, combination, or dosage form not manufactured commercially.*

Testosterone Cypionate Vial (Commercial Product)

Check one: ☐ 200mg/mL ☐ 100mg/mL
Route: ☐ SubQ ☐ IM Directions: ☐ Once per week ☐ Other: _____
Quantity: ☐ 30 days ☐ 60 days ☐ 90 days Refills: _____

HRT Cream

Apply topically as directed. Testosterone: ☐ Indicate Dosage Strength (mg): _____
Progesterone: ☐ 100mg ☐ 200mg ☐ Other: _____
Biest (80% estriol, 20% estradiol): ☐ 0.5 mg ☐ 1mg ☐ 2mg ☐ Other: _____
Biest (50% estriol, 50% estradiol): ☐ 0.5 mg ☐ 1mg ☐ 2mg ☐ Other: _____
Add ingredient(s): _____
Directions: ☐ QD ☐ BID ☐ Other: _____ Quantity: ☐ 30gm ☐ 60gm ☐ 90gm Refills: _____

Clinical difference: *Compounded to meet individual patient needs — specific strength, combination, or dosage form not manufactured commercially.*

Provider's Name & Address: _____
Phone Number: _____ NPI: _____
DEA: _____ Fax Number: _____

X_____ X_____

Dispense as written *Substitution permitted*