DATE _____

SBH MEDICAL — COMPOUNDING, INFUSION, MEDICAL SUPPLIES, SPECIALTY MEDICATIONS

655 Dearborn Park Lane, Worthington, OH, 43085
Phone: (614) 847-6007 | Fax: (614) 847-6015 | totani@sbhmed.com

FEMALE BHRT

Rx Order Form

☐ TXT Preferred* _____

PATIENT

NAME * _____ **DOB** * _____ **PHONE** * _____

STREET _____ CITY _____ STATE _____ ZIP _____

ALLERGIES * _____ **EMAIL** * _____

PRESCRIPTION

SUBLINGUAL TABLETS

BI-EST E3/E2 (80/20) OR (/) SUBLINGUAL TABLETS

1mg ☐ 2mg ☐ 3mg ☐ _____ mg ☐

☐ Take 1 tablet sublingually daily

☐ Take 1 tablet sublingually at bedtime

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

PROGESTERONE SUBLINGUAL TABLETS (200mg highest dose)

50mg ☐ 100mg ☐ 200mg ☐ _____ mg ☐

☐ Daily at bedtime

☐ Days 7-28 once at bedtime

☐ Days 11-25 once at bedtime

☐ Days 14-25 once at bedtime

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

☐ Above hormones combined unless box checked

PREGNENOLONE SUBLINGUAL TABLETS

50mg ☐ 100mg ☐ _____ mg ☐

Sig: Take 1 tablet sublingually every morning

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

DHEA SUBLINGUAL TABLETS

5mg ☐ 10mg ☐ 15mg ☐ _____ mg ☐

Sig: Take 1 tablet sublingually every morning

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

TESTOSTERONE SUBLINGUAL TABLETS

_____ mg ☐

Sig: Take 1 tablet sublingually every morning

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

☐ Above hormones combined unless box checked

CREAMS AND CAPSULES

BI-EST E3/E2 (50/50) **OR (/) CREAM**

0.625mg ☐ 1.25mg ☐ 2.5mg ☐ _____ mg ☐

Sig: Apply dose topically

☐ QD ☐ BID

Quantity: Refills: 1 2 3 4 5 prn

PROGESTERONE CREAM

20mg ☐ 30mg ☐ 50mg ☐ _____ mg ☐

Sig: Apply dose topically

☐ QD ☐ BID

Quantity: Refills: 1 2 3 4 5 prn

TESTOSTERONE CREAM

_____ mg ☐

Sig: Apply dose topically

☐ QD ☐ BID

Quantity: Refills: 1 2 3 4 5 prn

☐ Above hormones combined unless box checked

PROGESTERONE CAPSULE

☐ Slow release (E4M) ☐ Olive Oil

50mg ☐ 100mg ☐ 150mg ☐ 200mg ☐ _____ mg ☐

☐ Daily at bedtime (Post-Menopause)

☐ Days 11-25 once at bedtime (Pre-Menopause)

Quantity 30 60 90 Refills: 1 2 3 4 5 prn

ESTRIOL CREAM 2mg ☐

☐ 1 gram every night for 4 days, then 1 gram 2-3 times a week prn

☐ Add DHEA 6.25mg

Quantity: Refills: 1 2 3 4 5 prn

CUSTOM ORDER

RX _____ QUANTITY _____ gm

SIGNATURE _____ REFILL(S) _____

PRESCRIBER

NAME * _____ **SIGNATURE** * _____

STREET _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ ORDER SENT BY _____

DEA # * _____ STATE LICENSE # _____ NPI # _____

*** Required fields**

FAX COMPLETED FORM TO **(614) 847-6015**