



Theresa Mahood RPh #48103

Compounding Pharmacist, Pharmacy Manager and Owner

Patient Name:	Phone:
DOB:	Address:
PHIN:	Date:

Gynecology and Obstetrics

Topicals:

- All purpose nipple ointment-2% miconazole in betamethasone 0.1%/mupirocin 2% 1:1 oint
- Hydrocortisone Pwd 1% in Clotrimazole 1% Cr

Vaginal:

- Boric acid 600 mg suppositories (When commercial product is not tolerated)
- Amphotericin B ____ mg (usually 50) suppositories
- Hydrocortisone ____ mg suppositories
- Progesterone ____ mg suppositories
- Diazepam ____ mg suppositories

Rectal:

- 0.2% nifedipine in petrolatum
- ____ % nifedipine + ____ % lidocaine rectal ointment
- ____ % nifedipine + ____ % lidocaine + ____ % sucralfate rectal ointment

HRT:

- ____ % Progesterone Cream
- ____ mg Progesterone Capsules
- ____ % Testosterone Cream
- ____ / ____ % Bi-Estrogen (50:50)/(80:20)/(60:40) Creams/Capsules

Fertility:

- Clomiphene ____ mg Capsules
- DHEA ____ mg Capsules

Mitte: _____ **Refills x** _____

Sig: _____

Prescriber printed name: _____ Prescriber license: _____

Address: _____ Phone Number: _____

Prescriber signature: _____

Please fax completed form to **1-833-536-1732**. The pharmacy will call the patient and confirm the cost before compounding. We offer **FREE CITY WIDE DELIVERY!**