



Compounded Prescription Order Form

NOTE: If you would like to request a compounded Bio-Identical Hormone prescription, the following are examples of available formulations. Please print out the order form and consult with your doctor. If either you or your doctor would like more information please contact Farmacia Del Pueblo and speak with our compounding pharmacists.

Patient Information

DATE _____ LAST NAME _____ FIRST _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ DOB _____ ALLERGIES _____

(Check Item, Check Dosage, Circle Form)

_____ **Bi-Est:** .625mg 1.25mg 1.5mg 2.0mg 2.25mg 2.5mg
 3.0mg

Circle One: transdermal cream | HRT cream | capsule | dissolving sublingual troche

Note: Bi-Est formulated in 80:20 ratio of Estriol(E3): Estradiol(E2)

_____ **Tri-Est:** .625mg 1.25mg 1.5mg 2.0mg 2.25mg 2.5mg
 3.0mg

Circle One: transdermal cream | HRT cream | capsule | dissolving sublingual troche

Note: Tri-Est formulated in 80:10:10 ratio of Estriol(E3): Estradiol(E2): Estrone(E1)

(Check Item and Circle Dosage)

_____ Progesterone: 50 mg | 100 mg | 200 mg | Capsule | Suppository | SL Troche

_____ Progesterone topical cream: 2.5% | 5% | other % _____

_____ Testosterone topical gel: .2% | .5% | 1% | 2% | 5% | other % _____

_____ Testosterone in PLO Cream: .2% | .5% | 1% | 2% | 5% | other % _____

_____ Testosterone Vaginal Cream: .2% | .5% | 1% | 2% | 5% | other % _____

_____ DHEA slow release capsules: 10mg | 25mg | other _____

Other formulation request: _____

SIG: _____ Qty: _____ Refills: _____

Prescriber's Signature/DEA _____ Date: _____

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