

Name _____ Date _____

Address _____ D.O.B. _____

Estrogen

Estriol IR Capsule S/R Capsule Cream Gel
 0.3 mg 0.625 mg 1.25 mg Qty: _____
 2.5 mg 5 mg _____ mg Refill: _____
Sig: _____

Estradiol Cream Gel
 0.5 mg 1.0 mg 1.5 mg Qty: _____
 2.5 mg 5 mg _____ mg Refill: _____
Sig: _____

Bi-Est (80/20) IR Capsule S/R Capsule Cream Gel
 0.625 mg 1.25 mg Qty: _____
 2.5 mg 5 mg _____ mg Refill: _____
Sig: _____

Tri-Est (3/5/2) IR Capsule S/R Capsule Cream Gel
 1.25 mg 2 mg Qty: _____
 2.5 mg 5 mg _____ mg Refill: _____
Sig: _____

Progesterone

Progesterone Cream Gel
 50 mg/ml 100 mg/ml 200 mg/ml Qty: _____
Sig: Apply 1ml **HS** or **BID** to inner thigh or arm Refill: _____

Progesterone S/R Capsules
 50 mg 100 mg 200 mg Qty: _____
Sig: One **HS** or **BID** Refill: _____

Testosterone

Testosterone Cream Gel
 2 mg/ml 8 mg/ml Qty: _____
 50 mg/ml 100 mg/ml _____ mg Refill: _____
Sig: Apply 1/2 or 1 ml to inner thigh or wrist

Testosterone S/L Tablet or Troche
 1.25 mg 3 mg 3.5 mg _____ mg Qty: _____
Sig: Dissolve 1 under tongue daily Refill: _____

Specialty Products

DHEA S/R Capsules
 10 mg 35 mg Qty: _____
Sig: Take 1 capsule daily. Refill: _____

Promethazine Topical Gel
 12.5 mg/ml 25 mg/ml 50 mg/ml Qty: _____
Sig: Apply 1/2 or 1 ml topically Q4-6 hrs PRN N/V (Caregiver wear gloves) Refill: _____

Ginger Lollipops Qty: _____
Sig: Dissolve 1 pop Q4 hrs PRN N/V Refill: _____

Lidocaine Lollipops Qty: _____
Sig: Dissolve 1 pop PRN Refill: _____

BLT (10/6/4) Topical Anesthetic. Qty: _____
Sig: Apply AD Refill: _____

Product Selection Permitted

Dispense as Written

1115 W Northwest Hwy
Grapevine, TX 76051

**GRAPEVINE DRUG
MART**

817-481-5780