



McMAHAN PHARMACY
SERVICES INC.
 COMPOUNDING EXCELLENCE

Hormone Optimization Order Form

P:(800) 635-8825

F:(855) 899-4147

Patient Name: _____

Address: _____ City: _____ State: _____ Zip: _____

DOB: _____ Allergies: _____

Phone Number: _____

New Patients: Fax current insurance information with Rx

Doctor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

DEA# _____ NPI # _____

Office Contact: _____

Office Phone: _____

Female Hormones

- Bi-Est: Ratio: 80/20 70/30 50/50 / Dose 0.625 mg 1.25 mg 2.5 mg _____ mg
- Progesterone: 50 mg 100 mg _____ mg
 Testosterone: 1 mg 2 mg 4 mg _____ mg
- DHEA 5 mg 10 mg
 Sig: Apply QD BID _____ Dispense _____ months Refills _____
- Progesterone capsules: 50mg 100mg 200mg _____ mg
 Sig: 1 po q HS Dispense # _____ Refills _____
- Progesterone in oil: 35 mg 50 mg _____ mg
 Sig: 1 ml q HS Dispense # _____ Refills _____
- Progesterone 10mg/Gm to 100mg/GM Topical Cream Dispense # _____ Refills _____
 Sig: Apply QD BID _____ Dispense _____ months Refills _____
- Other: _____
 Sig: _____ Dispense _____ months Refills _____

Male Hormones

- Testosterone 1% cream
 Sig: Apply QD BID _____ Dispense _____ months Refills _____
- Estriol/Estradiol (80%/20%) 1 mg/Gm/Testosterone 1 mg/Gm cream
 Sig: Apply QD BID _____ Dispense _____ month Refills _____
- Other: _____
 Sig: _____ Dispense _____ Refills _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

Please fax completed form:

(855) 899-4147