

Patient Name:		DOB:
Phone:	Cell:	
Address:		
City:	State:	Zip:
Allergies: <input type="checkbox"/> Y <input type="checkbox"/> N		

WOMEN'S HEALTH

Hormone Replacement Therapy

- PCCA Formula #11947**
Testosterone _____% Vaginal Gel (MucoLox™/VersaBase®)
- PCCA Formula #11115**
Estriol 0.05% Vaginal Gel (MucoLox™/VersaBase®)
- PCCA Formula #11946**
Progesterone 10% Vaginal Gel (MucoLox™/VersaBase®)
- PCCA Formula #7218**
Progesterone 100 mg Base MBK™ Suppository (Pink Mold) (BUD Study)
- PCCA Formula #7225**
Progesterone 200 mg Base MBK™ Suppository (Pink Mold)
- PCCA Formula #13069**
Estriol/Estradiol [50%/50%] 0.5 mg/0.5 Gm Vaginal Gel (MucoLox™/VersaBase®)
- PCCA Formula #12956**
Estriol/Estradiol [50%/50%] 0.25 mg/Gm to 2.5 mg/Gm Topical Cream (VersaBase®) (FormulaPlus™ BUD Bracketed Study)
- PCCA Formula #10241**
Estriol/Estradiol [80%/20%] 5 mg/mL Topical Gel (VersaBase®)
- PCCA Formula #10885**
Estriol/Estradiol [30%/70%] 1 mg/0.5 Gm Topical Cream
- PCCA Formula #11304**
Estriol/Estradiol [80%/20%] 0.1 mg/0.1 mL/Progesterone 10 mg/0.1 mL Topical Cream (VersaBase®)

Other

- PCCA Formula #11820**
Doxylamine Succinate 10 mg/Pyridoxine HCl 10 mg/Ginger Root Capsules Size #1
- Newman's Ointment

Other Preparation and Strength

Need something else? Contact one of our compounding pharmacists at 801-561-2287.

Sig:	
Qty:	

Prescriber:	Phone:
Signature:	Date:
Prescriber Address:	