

# WOMEN'S HEALTH FORMULATIONS

Call our pharmacist to discuss additional treatment options

CUSTOMER SERVICE: 866.465.1043 FAX: 901.861.3095  
PLEASE FAX DEMOGRAPHICS

Patient Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Drug Allergies \_\_\_\_\_  Male  Female

Prescriber Name \_\_\_\_\_ Lic# \_\_\_\_\_  
DEA# \_\_\_\_\_ NPI \_\_\_\_\_  
Practice Name \_\_\_\_\_  
Address \_\_\_\_\_ Suite \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ Fax \_\_\_\_\_

## BIO-IDENTICAL HORMONE REPLACEMENT FORMULA EXAMPLES (FEMALE)

- BI-EST \_\_\_\_\_
- TRI-EST \_\_\_\_\_
- PROGESTERONE \_\_\_\_\_
- \_\_\_\_\_
- DHEA \_\_\_\_\_

We can formulate indicated strength into creams, gels, capsules, suppositories & drops. Can be combined.

## THYROID FORMULA EXAMPLES

- T-3 SR Capsules \_\_\_\_\_
- T-4 SR Capsules \_\_\_\_\_
- T-3 & T-4 SR Capsules \_\_\_\_\_

## FEMALE SEXUAL DYSFUNCTION FORMULA EXAMPLE

- \_\_\_\_\_ 1 mg/1ml Topical Cream

## YEAST (CANDIDA) INFECTION FORMULA EXAMPLES (FEMALE)

- Boric Acid Suppository 600 mg (Quantity: 14)  
*Insert 1 suppository vaginally once a day at bedtime.*
- Amphotericin B SO mg suppository (Qty 14)  
*Insert 1 suppository vaginally every night at bedtime.*

## VAGINAL DRYNESS / ATROPHY FORMULA EXAMPLES

- \_\_\_\_\_ 0.1% Vaginal cream
- Estriol 0.2% vaginal Cream

## HEMORRHOID RECTAL ROCKET FORMULA EXAMPLES (QTY. 3)

- Lidocaine 2% / Hydrocortisone 1%
  - Tetracaine 3% / Hydrocortisone 3%
- Rinse 1 rocket suppository under lukewarm water, and insert into rectum at bedtime. Leave in overnight.*

## PELVIC PAIN / VULVODYNIA FORMULA EXAMPLES

- \_\_\_\_\_ 5mg suppository
- \_\_\_\_\_ 10mg suppository
- Ibuprofen 20% topical lipoderm
- Ibuprofen 600 mg suppository
- Ketoprofen 10% topical lipoderm
- Ketoprofen 10% / Cyclobenzaprine 2% topical lipoderm

## HEADACHE / MIGRAINE FORMULA EXAMPLE

- \_\_\_\_\_  
(\_\_\_\_\_ 100mg/ Isometheptene 65mg/ Acetaminophen 325mg)

## WARTS FORMULA EXAMPLES

- Salicylic Acid 70% in Petroleum Jelly
- 2-Deoxy-D-Glucose 0.19% / Diphenhydramine 1% / Pramoxine 1% / Miconazole 2.4% (treating Molluscum)
- Cimetidine 10% / 2-Deoxy-D-Glucose / Ibuprofen 2% PLO gel
- Fluorouracil 5% / Salicylic Acid 20% in DMSO
- Fluorouracil 5% / Pyruvic Acid 2% cream

## FERTILITY FORMULA EXAMPLES

- Progesterone 50 mg Suppository
- Progesterone 100 mg Suppository

## BREASTFEEDING FORMULA EXAMPLE

- All Purpose Nipple Ointment  
(Mupirocin 1% -Betamethasone 0.025% -Clotrimazole 2% - in Lanolin)  
*Apply small amount to each nipple before & after feeding as directed.*

## NAUSEA & VOMITING FORMULA EXAMPLES

- Promethazine 25 mg/ml gel  
*Apply 1ml to inner wrist every 4-6 hours PRN for nausea/vomiting.*
- Ondansetron 8mg/ml gel  
*Apply 1ml to inner wrist every 8 hours PRN for nausea/vomiting.*

## LICHEN SCLEROSIS FORMULA EXAMPLE

- \_\_\_\_\_ 2% in Aquaphor

## APTHOUS ULCERS FORMULA EXAMPLES

- Magic Mouthwash  
(Diphenhydramine / Lidocaine 2% Viscous / Nystatin / Maalox - in equal parts)
- Swish & spit 5 ml by mouth 3-4 times daily PRN
- Swish & swallow 5 ml by mouth 3-4 times daily PRN

## ANESTHETICS FORMULA EXAMPLES

- Triplecaine Anesthetic Gel  
(Prilocaine 10% - Lidocaine 10% - Tetracaine 10%)
- BLT Cream or Gel (Benzocaine 20% / Lidocaine 6% / Tetracaine 4%)

SIG: \_\_\_\_\_

QTY: \_\_\_\_\_ REFILLS: \_\_\_\_\_

PRESCRIBER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

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