

Patient Information					
Name:			DOB:		
Address:			City:		
State:	Zip:	Cell:		Home:	
Custom Hormone Formulations					
BiEst (circle %)	Estradiol	Progesterone (micronized)	Testosterone	DHEA	Dosage Form
50/50					
80/20					
0.25mg	0.25mg	12.5mg	0.25mg	2.5mg	Capsule
0.375mg	0.375mg	15mg	0.5mg	5mg	Cream
0.5mg	0.50mg	20mg	0.75mg	10mg	Gelatin Troche
0.625mg	0.75mg	25mg	1.0mg	15mg	Joboba oil
0.75mg	_____mg	50mg	1.5mg	25mg	Mini-troche
1.0mg		60mg	2.0mg		Vaginal Suppository
1.25mg		75mg	_____mg		
1.5mg		100mg			
1.75mg		_____mg			
2mg					
_____mg					
Sig:		Quantity:		Refills:	
Anal Fissure Ointments			Hemorrhoids		
<input type="checkbox"/> Nitroglycerin 0.2% <input type="checkbox"/> Diltiazem 2% <input type="checkbox"/> Nifedipine 0.2% <input type="checkbox"/> Add Phenytoin 2% Misoprostol 0.002% to above			In/Out Suppositories (Rectal Rockets) (Shaped to stay at the anus.)		
Sig: Apply 2-3 times daily as directed.			<input type="checkbox"/> Hydrocortisone 2.5% / Lidocaine 2%		
Qty: 30g or _____		Refills:	<input type="checkbox"/> Hydrocortisone 2.5% / Lidocaine 5%		
Antifungal / Yeast			Sig: Insert one PR HS for 6 days or as directed.		
<input type="checkbox"/> Boric Acid 600mg vaginal capsule			Qty: 6 or _____		Refills:
<input type="checkbox"/> Boric Acid 600mg vaginal suppository			<input type="checkbox"/> Prep H Plus ointment		Prep H ointment, Zinc oxide 10%, Hydrocortisone 5%, Bupivacaine 1%
<input type="checkbox"/> Boric Acid 600mg / Lactobacillus / Acidophilus suppository					
Sig: Insert 1 vaginally at bedtime as directed.			Sig: Apply PRN up to QID.		
Qty:		Refills:	Qty: 2oz or _____		Refills:
Nausea Due to Pregnancy			Herpes		
<input type="checkbox"/> Ginger 100mg, Doxylamine 10mg, Pyridoxine 20mg SR capsule			Acyclovir 5%, Bupivacaine 0.5%, deoxy-D-glucose 0.2%		
Sig: 1 PO in the AM, 1 afternoon, and 2 HS			<input type="checkbox"/> Topical/vaginal cream		
Qty:		Refills:	<input type="checkbox"/> Lip Balm (drugs added to Carmex)		
<input type="checkbox"/> Promethazine 12.5mg/0.2mL gel			Qty:		Refills:
<input type="checkbox"/> Promethazine 25mg/mL gel			Notes / Changes		
<input type="checkbox"/> Ondansetron 4mg/0.1mL gel					
Sig: Rub <input type="checkbox"/> 0.1mL-0.2mL or <input type="checkbox"/> 0.2mL-0.4mL or <input type="checkbox"/> 1mL into wrists every <input type="checkbox"/> 4-6 hours or <input type="checkbox"/> 6-8 hours as needed for vomiting.					
Qty: _____ 1mL syringes		Refills:			
Provider:		Signature:		Date:	
DEA:	Phone:		Fax:		
Address:		City:	State:	Zip:	
Longley's Pharmacy 785 Chickamauga Ave, Rossville GA 30741 P: 706-866-1220 F: 706-861-7505 Thrifty MedPlus Pharmacy 5032 Ooltewah-Ringgold Road, Ste 100, Ooltewah TN 37363 P: 423-396-6963 F: 423-396-6947					

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Lactation		Sexual Dysfunction		
<input type="checkbox"/> Dr. Newman's nipple ointment	Mupirocin 1%, Miconazole nitrate 2%, Betamethasone Acetate 0.025%	<input type="checkbox"/> Stimulation cream	Arginine 6%, Aminophylline 3%, Testosterone 2%, Sildenafil 1%, Ergoloid	
Sig: Apply a thin layer after each breast-feeding. Wash off prior to next feeding.		Sig: Apply to clitoris 30 minutes prior to sexual activity.		
Qty:	Refills:	Qty:	Refills:	
Testosterone Protocol		Vaginal Dryness / Atrophy		
<input type="checkbox"/> Testosterone 25mg/mL 2.5% cream		<input type="checkbox"/> Estriol 0.02% <input type="checkbox"/> BiEst 50/50 0.02% <input type="checkbox"/> BiEst 50/50 0.04%		
Sig: Apply 1 click 4 times weekly		<input type="checkbox"/> Cream Sig: Insert 1 applicatorful vaginally each night for 5-7 nights, then twice weekly thereafter.		
Alt. Sig:		<input type="checkbox"/> Suppository Sig: Insert 1 supp vaginally each night for 5-7 nights, then twice weekly thereafter.		
Qty:	Refills:	Alt. Sig:		
<input type="checkbox"/> Testosterone 2% cream + Testosterone 0.5% cream		Qty:		
Sig: Start with Testosterone 2% and apply ½ mL twice daily for 7 days to the clitoris, then once every day until finished. After that, use Testosterone 0.5%, and apply 1 mL every day to the clitoris for 30 days.		Refills:		
Alt. Sig:		Estriol 2mg, Hyaluronic acid 5mg, Vit E, Vit A (per each or mL)		
Qty:		<input type="checkbox"/> Suppositories Sig: Insert 1 supp every other day		
Refills:		<input type="checkbox"/> Vaginal Cream Sig: Insert 1 mL (4 clicks) every other day		
Alt. Sig:		Alt. Sig:		
<input type="checkbox"/> Other:		Qty:		
		Refills:		
		<input type="checkbox"/> Vitamin E Acetate Vaginal 200U/mL cream		
		Sig: Apply 1 mL daily at bedtime		
		Alt. Sig:		
		Qty:		
		Refills:		
Vulvodynia (Check desired ingredient/s.)				
<input type="checkbox"/> Gabapentin 6% <input type="checkbox"/> Amitriptyline 2% <input type="checkbox"/> Lidocaine 5%				
<input type="checkbox"/> Diazepam 1% <input type="checkbox"/> Ketamine 0.5%				
Sig:		Sig:		
Qty:	Refills:	Qty:	Refills:	
Provider:		Signature:		Date:
DEA:	Phone:	Fax:		
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