



Hormone Optimaization  
Order Form

Doctor Name: \_\_\_\_\_  
Prescriber Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_ Fax: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Allergies: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Female Hormones**

**Troche**

- 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  \_\_\_\_ mg  
Sig: \_\_\_\_\_ Repeats: \_\_\_\_\_ Quantity: 30 troches

**Cream**

- Estriol 0.5% Vaginal Cream  
Sig: \_\_\_\_\_ Repeats: \_\_\_\_\_ Quantity:  30g  60g  \_\_g  
 Progesterone capsules:  50 mg  100 mg  200 mg  \_\_\_\_ mg  
Sig: \_\_\_\_\_ Repeats: \_\_\_\_\_ Quantity: 100 capsules

**Male Hormones**

- Testosterone \_\_\_\_\_ mg/ml cream  
Sig: Apply \_\_\_\_ mg/day Repeats: \_\_\_\_\_ Quantity: \_\_\_\_\_  
 Testosterone Troches \_\_\_\_ mg  
Sig: Take 1 troche each morning under tongue Repeats: \_\_\_\_\_ Quantity: 30 troches

**Other**

Repeats: \_\_\_\_\_ Quantity: \_\_\_\_\_

Prescribers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax completed form to:  
Clayton Central Pharmacy (Pharmasave)  
(03) 9544 0124  
(Please give original script to patient)