Liberty Hill Pharmacy
Family Owned & Operated
& Compounding Center

ORDER FORM

13740 W. State Hwy 29 #4, Liberty Hill, TX 78642
Ph: (512) 548-6838 Fax: (512) 548-6840
lab@LibertyHillPharmacy.com

Patient Name: _____ **Date of Birth:** _____

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

Phone: _____ **Allergies:** _____

Women's Hormone Package

HRT Topical

- ☐ Bi-Est (80/20) E3/E2 _____ mg/ml
- ☐ Bi-Est (50/50) E3/E2 _____ mg/ml
- ☐ Estradiol _____ mg/ml
- ☐ Progesterone _____ mg/ml
- ☐ Testosterone _____ mg/ml
- ☐ _____ _____ mg/ml

Directions: Apply 1ml topically once daily.

Qty: ☐ #30 ☐ #90 _____Refills

Rapid Dissolve Tablets

- ☐ Bi-Est (80/20) E3/E2 _____ mg
- ☐ Bi-Est (50/50) E3/E2 _____ mg
- ☐ Estradiol _____ mg
- ☐ Progesterone _____ mg
- ☐ Testosterone _____ mg
- ☐ _____ _____ mg

Directions: Dissolve 1 tablet ☐ SL ☐ QD

Qty: ☐ #30 ☐ #90 _____Refills

Oral Capsules

- ☐ Progesterone SR _____ mg
- ☐ Bi-Est (80/20) E3/E2 _____ mg
- ☐ DHEA SR _____ mg
- ☐ Thyroid (porcine) _____ mg
- ☐ T3/T4 _____/_____ mcg/mcg
- ☐ Testosterone _____ mg
- ☐ _____ _____ mg

Directions: Take 1 capsule by mouth daily.

Qty: ☐ #30 ☐ #90 _____Refills

OB/GYN

Vaginal Creams

- ☐ Estriol (E3) 1mg/ml
- ☐ Estradiol (E2) 0.1mg/ml
- ☐ Estradiol/Testosterone 0.1mg/1mg/ml
- ☐ Testosterone 1mg/ml
- ☐ _____ _____ mg

Directions: Apply _____ml vaginally daily Qty _____ _____refills

Vulvodynia

- ☐ Gabapentin 6% / Lidocaine 5% cream
- ☐ Baclofen 2mg / Diazepam 5mg / Lidocaine 2% suppository

Directions: Insert 1 suppository / 1 gm cream ☐ QHS ☐ BID Qty _____ _____refills

Sexual Dysfunction

- ☐ Oxytocin 20-unit Troche Qty 15 _____refills

Directions: Dissolve 1 troche SL 30 min prior to intercourse

- ☐ Sildenafil 1% / Arginine 6% / Aminophylline 4% cr Qty 15 _____refills

Directions: Apply small amount to clitoral area 30 min prior to intercourse

Suppositories

- ☐ Progesterone _____100mg _____200mg _____400mg
- ☐ Estriol 1mg
- ☐ Testosterone 1mg
- ☐ DHEA 6.5mg
- ☐ Boric Acid 600mg

Directions: Insert 1 suppository ☐ QHS ☐ BID Qty _____ _____refills

Hemorrhoids

- ☐ Lidocaine / Hydrocortisone 2% / 1% rectal rocket Qty _____ _____refills

Directions: Insert 1 suppository rectally HS

- ☐ Nifedipine 0.4% / Lidocaine 5% ointment Qty 30gm _____refills

Directions: Apply rectally up to QID

Triple Nipple Cream

- ☐ Mupirocin / Betameth / Clotrimazole 1% / 0.1% / 1% Qty 30gm _____refills

Directions: Apply small amount after feeding, wipe off gently before next feeding

Scar

- ☐ Pracasil Plus Qty 30gm _____refills

Directions: Apply BID

Provider Name: _____ **Phone:** _____

Address: _____ **DEA:** _____

Signature: _____ **Date:** _____

Give form to patient or FAX to pharmacy (512) 548-6840