Alpine COMPOUNDING PHARMACY

10386 Ralston Rd., Arvada, CO 80004
tel: 303-399-5157, fax: 303-963-5778
info@alpinecompoundingrx.com
alpinecompoundingrx.com

DHEA FORM

Patient Name: _____ D.O.B.: _____ Phone #: _____

Bi-est (Estriol/Estradiol) 1, 2, 3, 4 or _____ mg (80/20) +/-

DHEA 1-10% or _____ %/mg **Troche/Capsule** (prescriber may increase or decrease dose)

Directions: Use _____ PO every morning/bedtime.

Bi-est ☐ 1, 2, … or _____ mg ☐ _____ mg Progesterone _____ mg Testosterone _____ mg

DHEA ☐ 2 ☐ 5 ☐ 10 mg/mL CREAM

Directions: Use _____ topically every morning/bedtime, rub in.

Qty: ☐ 30-day or ☐ 90-day QS'd Refills: _____

Estriol Vaginal Cream 1 mg/gm or _____ mg/gm

Insert 1gm vaginally daily for 2 weeks then 2-3 times weekly thereafter.

Qty: _____ QS'd to day supply desired ☐ 30-day or ☐ 90-day Refills: _____

**Dispense in a metered dose topi-click container (0.25 mL/click) or 90 mL to 140 mL (0.5 mL/click).*

Physician's Signature: _____ Date: _____