Alpine COMPOUNDING PHARMACY

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PROGESTERONE FORM

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

Progesterone 225 mg/mL or _____ **mg/mL Cream** (prescriber may increase or decrease dose)

Directions: Apply **1 mL** topically at bedtime, rub in and alternate sites.

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

Progesterone hypermellose 225 mg per dose or _____ **mg/capsule** (prescriber may increase or decrease dose)

Directions: Take **2 capsules** (225 mg) by mouth at bedtime.

Qty: ☐ 30-day or ☐ 90-day supply Refills: _____

**Progesterone given by mouth at bedtime helps with sleep, falling and staying asleep.*

Progesterone 225 mg Troche or _____ **MG**

Directions: Take **one Troche** by mouth at bedtime.

Qty: ☐ 30-day or ☐ 90-day supply Refills: _____

Physician's Signature: _____ Date: _____