



# FAX Cover Sheet

From: \_\_\_\_\_

Date: \_\_\_\_\_

Fax #: \_\_\_\_\_

Phone #: \_\_\_\_\_

**To: Mixtures Pharmacy**

Fax: 480-706-0489

Ahwatukee (Phone: 480-706-0620)

Gilbert (Phone: 480-300-5279)

Scottsdale (Phone: 480-400-0649)

Subject: New Rx

Pages: (including the cover sheet) # \_\_\_\_\_

Comments:

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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Allergies: \_\_\_\_\_

Formulary Medications

	Medication/Dose (*Must write testosterone if intended to be in the prescription)	Directions	Supply	Refills
CREAMS	<b>Biest</b> <input type="checkbox"/> (50:50) <input type="checkbox"/> (80:20) <input type="checkbox"/> 0.4% 4mg/gm <input type="checkbox"/> 0.6% 6mg/gm	Apply <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 pump topically daily to inner thigh/inner arm, alternating sites	<input type="checkbox"/> 45gm <input type="checkbox"/> 90gm	
	<b>Progesterone</b> <input type="checkbox"/> 10% 100mg/gm <input type="checkbox"/> 20% 200mg/gm	Apply <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 pump topically daily to inner thigh/inner arm, alternating sites	<input type="checkbox"/> 45gm <input type="checkbox"/> 90gm	
	<b>T</b> _____ <input type="checkbox"/> 0.4% 4mg/gm <input type="checkbox"/> 20% 200mg/gm <small>(*Must write Testosterone if intended to be in the prescription)</small>	Apply <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 pump topically daily to inner thigh/inner arm, alternating sites	<input type="checkbox"/> 45gm <input type="checkbox"/> 90gm	
Formulary is only available in a pump (4 pumps = 1gm) in our standard base. If you or the patient requests a different delivery system or base, the medication is outside of formulary.				

	Medication/Dose *Flavor choices available as non-formulary*	Directions	Supply	Refills
CAPSULES	<b>Biest</b> <input type="checkbox"/> (50:50) <input type="checkbox"/> (80:20) <input type="checkbox"/> 2mg <input type="checkbox"/> 5mg troche <b>Estradiol</b> <input type="checkbox"/> 1mg troche	<input type="checkbox"/> Dissolve <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 troche sl <input type="checkbox"/> daily <input type="checkbox"/> bid <input type="checkbox"/> tid	<input type="checkbox"/> #60 <input type="checkbox"/> #90	
	<b>Progesterone</b> <input type="checkbox"/> 50mg <input type="checkbox"/> 75mg <input type="checkbox"/> 150mg <input type="checkbox"/> 225mg <b>IR capsule</b>	<input type="checkbox"/> Take 1 capsule <input type="checkbox"/> at bedtime <input type="checkbox"/> bid	<input type="checkbox"/> #90	
	<b>Progesterone</b> <input type="checkbox"/> 75mg <input type="checkbox"/> 100mg <input type="checkbox"/> 200mg <b>MR capsule</b>	<input type="checkbox"/> Take 1 capsule <input type="checkbox"/> at bedtime <input type="checkbox"/> bid	<input type="checkbox"/> #90	
	<b>Progesterone</b> <input type="checkbox"/> 200mg troche	<input type="checkbox"/> Dissolve <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 troche sl <input type="checkbox"/> daily <input type="checkbox"/> bid <input type="checkbox"/> tid	<input type="checkbox"/> #30 <input type="checkbox"/> #90	
	<b>T</b> _____ (*Must write Testosterone if intended to be in the prescription) <input type="checkbox"/> 2mg <input type="checkbox"/> 5mg troche	<input type="checkbox"/> Dissolve <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 troche sl <input type="checkbox"/> daily <input type="checkbox"/> bid <input type="checkbox"/> tid	<input type="checkbox"/> #60 <input type="checkbox"/> #90	
	<b>T</b> _____ <input type="checkbox"/> 100mg troche <small>(*Must write Testosterone if intended to be in the prescription)</small>	<input type="checkbox"/> Dissolve <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> 1 troche sl <input type="checkbox"/> daily <input type="checkbox"/> bid <input type="checkbox"/> tid	<input type="checkbox"/> #30 <input type="checkbox"/> #90	

Signature (substitution permissible)	Printed Name	DEA (for Testosterone)	Office Phone #	Date
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Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Allergies: \_\_\_\_\_

Non-Formulary Medications

	Medication/Dose (*Must write testosterone if intended to be in the prescription)	Directions [For ease of application, dose will be concentrated into ½ gram of cream]	Supply	Refills
<b>C R E A M S</b>	<b>Biest (50:50) _____ mg/ dose</b> (typical dose = 0.1-1mg)	Apply (dose) topically daily to inner thigh/inner arm, alternating sites	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90	
	<b>Progesterone _____ mg/dose</b> (typical dose = 10-40mg)	Apply (dose) every morning to back of calf/inner thigh/inner arm, alternating sites	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90	
	<b>T _____ mg/ dose</b> (typical dose = 0.5-2mg) (*Must write Testosterone if intended to be in the prescription)	Apply (dose) every morning to back of calf/inner thigh/inner arm, alternating sites	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90	
	<b>Biest (5:5)(0.1-1mg) _____ mg/dose</b> <b>Progesterone (10-40mg) _____ mg/dose</b> <b>T _____ (0.5-2mg) _____ mg/dose</b> (*Must write Testosterone if intended to be in the prescription) <b>DHEA (0.5-2mg) _____ mg/dose</b> <b>Pregnenolone(1-2mg) _____ mg/dose</b>	Apply (dose) topically daily to inner thigh/inner arm, alternating sites	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90	

	Medication/Dose	Form	Directions [May write alternate sig]	Supply	Refills
<b>C A P S U L E T R O C H E</b>	<b>Biest (50:50) _____ mg/cap/troche</b> (typical dose = 0.25-5mg)	<input type="checkbox"/> MR <input type="checkbox"/> IR <input type="checkbox"/> Troche	<input type="checkbox"/> Take 1 dose daily <input type="checkbox"/> bid Dissolve ½ troche sl <input type="checkbox"/> daily <input type="checkbox"/> bid	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90	
	<b>Progesterone _____ mg/cap/troche</b> (typical dose = 50-200mg)	<input type="checkbox"/> MR <input type="checkbox"/> IR <input type="checkbox"/> Commercial <input type="checkbox"/> Troche	<input type="checkbox"/> Take 1 dose at bedtime <input type="checkbox"/> bid Dissolve ½ troche sl <input type="checkbox"/> daily <input type="checkbox"/> bid	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90	
	<b>T _____ mg/troche</b> (typical dose = 0.5-5mg) (*Must write Testosterone if intended to be in the prescription)	<input type="checkbox"/> Troche	<input type="checkbox"/> Take 1 troche daily <input type="checkbox"/> bid Dissolve ½ troche sl <input type="checkbox"/> daily <input type="checkbox"/> bid	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90	
	<b>Biest (5:5) _____ mg/dose</b> <b>Progesterone _____ mg/dose</b> <b>T _____ mg/dose</b> (*Must write Testosterone if intended to be in the prescription) <b>DHEA (5-10mg) _____ mg/dose</b> <b>Pregnenolone(10-20mg) _____ mg/dose</b>	<input type="checkbox"/> MR <input type="checkbox"/> IR <input type="checkbox"/> Troche	<input type="checkbox"/> Take 1 dose daily <input type="checkbox"/> bid Dissolve ½ troche sl <input type="checkbox"/> daily <input type="checkbox"/> bid	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90	
	<b>Oxytocin(20-100u) _____ u/troche</b>	<input type="checkbox"/> Troche	Dissolve 1 troche sl <input type="checkbox"/> daily <input type="checkbox"/> bid Dissolve ½ troche sl <input type="checkbox"/> daily <input type="checkbox"/> bid	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90	
	<b>Spirolactone <input type="checkbox"/>25mg <input type="checkbox"/>50mg</b>	Tablet	<input type="checkbox"/> Take 1 tablet daily <input type="checkbox"/> Take ½ tablet daily	<input type="checkbox"/> 30 days <input type="checkbox"/> 60 <input type="checkbox"/> 90	

Signature (substitution permissible) | Printed Name | DEA (for Testosterone) | Office Phone # | Date