



Publix Compounding Pharmacy #3212
HORMONE REPLACEMENT THERAPY FORM

7616 Southland Blvd, Suite 112
Orlando, FL 32809
Phone: 877-253-8949
Fax: 407-965-4390

**Commercially available products may not be compounded unless there is a documented allergy/intolerance to commercial product. **

**Please include this documentation as necessary. **

PATIENT INFORMATION [Attach copy of front and back of prescription insurance card(s)]

Patient's First Name: _____ Patient's Last Name: _____ Date of Birth: ___/___/___ Male Female
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone Number: (____) _____ Alt. Phone Number: (____) _____ Allergies: NKDA Other: _____

**This form is not valid for testosterone containing products. Please use an approved counterfeit-proof rip pad for controlled-substances. **

HRT:

Biest (80:20) _____ mg	Add DHEA _____ mg
(70:30) _____ mg	Add Other _____ + _____ mg
(60:40) _____ mg	Add Other _____ + _____ mg
(50:50) _____ mg	Pregnenolone _____ mg
Estradiol (E2) _____ mg	Other _____ mg
Estriol (E3) _____ mg	
Progesterone _____ mg	

DOSAGE FORM: (Please pick one)

Capsules (SR) or (IR)	Vaginal Cream mg/gm
Gel mg/mL	Ointment mg/gm
Sublingual Drops (one drop = 0.05 ml)	Other: _____
Sublingual Troches	
Suppositories	
Transdermal Cream mg/mL	

DEVICE: (Please pick one)

Pump 0.5 mL/pump
Jar _____ gm
Tube _____ gm
Click 0.25 mL/click (topical clicks)

DAY SUPPLY: (Please pick one)

30 days
60 days
90 days
Other: _____ days

THYROID:

Levothyroxine (T4) _____ mcg Liothyonine (T3) _____ mcg

DOSAGE FORM: (Please pick one)

Capsules (SR) or (IR)

DIRECTIONS: _____ **QUANTITY:** _____ **REFILLS:** _____

Comments for RPh: _____

PRESCRIBER INFORMATION

Name: _____ DEA# _____ NPI # _____

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

Office Phone Number: (____) _____ Fax Number: (____) _____ Office Contact: _____

Prescriber's signature: _____ Date _____

(stamps not accepted) Substitution allowed Dispense as written/ Do not substitute Date _____

For states requiring hand written expressions to prevent substitution, write here:

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Please fax completed forms and all necessary documents to (407)-965-4390