DATE _____

Mindful Pharmacy

2701 Osler Dr Suite 1
Grand Prairie, TX 75051
P. 972-647-2721 F.972-660-1239

Patient Name:_____ Date of Birth:_____

Address:_____ Phone Number:_____

City/State/Zip:_____ Allergies:_____

Sex: ☐ Male ☐ Female Spanish Label: ☐ Yes ☐ No

1. ____ PROGESTERONE _____ MG/GM TOPICAL CREAM
SIG:

QTY: 100 GM REFILLS ____

2. ____ ESTRIOL/ESTRADIOL (BI-EST) [50%/50%] TOPICAL CREAM _____MG/GM
(0.25 MG/0.5 GM TO 1 MG/0.5 GM)
SIG:

____WITH TESTOSTERONE _____MG/GM

____WITH PROGESTERONE _____MG/GM (5MG/0.5 G TO 50 MG/0.5 G)

QTY: 100 GM REFILLS ____

3. ____ Testosterone Topical Cream _____mg/gram
SIG:

QTY ____30g ____60g REFILLS ____

4. ____ ESTRIOL _____% VAGINAL CREAM (0.025% TO 1%)
SIG

QTY: ____30 ____60 ____ 90 REFILLS ____

5. ____ ESTRIOL 0.1%/TESTOSTERONE 0.1% VAGINAL GEL
SIG:

QTY _____GM REFILLS ____

12. ____ ALTERNATIVE RX:

SIG

QTY _____ REFILLS ____

PROVIDER SIGNATURE _____

NPI _____ **DEA** _____

PROVIDER PHONE NUMBER: _____