Urogynecology Compounding

Patient Information			
Patient Name:	Date of Birth:	☐ Male ☐ Female	
Address:	City:	State:	Zip:
Phone:	Email:	Language:	
Allergies:		☐ NKDA	

☐ Pick up / Ship to: ☐ Patient ☐ Office ☐ Alternative Address:

** By providing your mobile phone number you agree to receive a text message from with instructions and steps to provide payment for your medication. This is not advertising.

Insurance: Please fax copy of insurance card (front and back)

Prescriber Information			
Practice Name:	Office Contact:		
Prescriber:	NPI:	DEA:	
Practice Address:	City:	State:	Zip:
Phone Number:	Fax Number:		

Clinical Information	
Diagnosis:	ICD-10:

Compounded Prescription Information

Compound	Dose	Directions	Quantity	Refills
Spasms				
☐ Baclofen/Lidocaine Vaginal Suppositories **if you would like to use **Lorazepam 2 mg**, it must be written in the custom box below**	4 mg/2%	Insert 1 suppository intravaginally QD HS	☐ 30 Suppositories ☐ Other:	
Painful Urination/Thinning of Vaginal Tissue				
☐ Estriol Cream ☐ DHEA 6.5mg	5mg/g	Insert 1g intravaginally QD HS as directed	☐ 30 g ☐ Other:	
☐ Estradiol/Lidocaine/Aloe ☐ DHEA 6.5mg	0.01%/2%	Insert 1g intravaginally QD HS as directed	☐ 30 g ☐ Other:	
☐ Estradiol in HRT Base ☐ DHEA 6.5mg **if you would like to use **testosterone 0.025%**, it must be written in custom box below**	0.005%	Insert 1g intravaginally QD HS as directed	☐ 30 g ☐ Other: _____	
Vulvodynia				
☐ BLT (Benzocaine / Lidocaine / Tetracaine)	10% / 5% /2%	Apply 1 pump (1ml) topically 1-2 times a day as directed.	☐ 60 g ☐ Other: (1 pump = 1ml)	
☐ Amitriptyline/Baclofen in Lipoderm Base	2%/2%	Apply 1 pump (1ml) topically 1-2 times a day as directed.	☐ 60 g ☐ Other: (1 pump = 1 ml)	
☐ Ketoprofen/Gabapentin/Lidocaine in HRT Base	10%/6%/5%	Apply 1 pump (1ml) topically 1-2 times a day as directed.	☐ 60 g ☐ Other (1 pump = 1 ml)	
☐ Atropine/Estradiol in HRT Base **if you would like to add **testosterone**, it must be written in custom box below**	0.2%/0.05%	Insert 1 gram intravaginally 1-2 times a day as directed.	☐ 60 g ☐ Other:	
☐ Scream Cream (Aminophylline/Arginine/Sildenafil) **if you would like to add **testosterone 0.5 mg**, it must be written in custom box below**	3%/6%/20mg	Apply a pea size amount to clitoris 30 minutes prior to sexual activity	☐ 30 g ☐ Other:	
☐ Lidocaine in ☐ Acid Mantle ☐ Petrolatum ☐ Aloe	☐ 5% ☐ 7.5%	Apply 1 pump (1ml) to affected areas 1-2 times a day as directed	☐ 60 g ☐ Other:	
Barrier Cream & Powder				
☐ Greer's Goo (Hydrocortisone 1% /Nystatin 0.033mu/ per gm in Zinc Oxide Base)	1% / 0.033mu /gm	Apply 1-2g to affected area 1-2 times a day as directed.	☐ 60 g ☐ 120 g	
☐ Sucralfate Powder		Apply a thin layer to affected area as directed	☐ 120g	
Custom Formula: (Examples: Diazepam Suppositories 5, 10, 20mg / Testosterone cream 0.5mg, 1.0mg, 1.5mg, 2mg add to a current formula or alone)				
☐				

Prescriber Signature and Date (Please sign and date below)

_____

Prescriber Signature **Date**

Check here to authorize the receiving pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process and receive forms on the prescriber's behalf. "I certify that the above therapy is medically necessary, and the above information is accurate to the best of my knowledge"