

<b>Patient's Name:</b>	<b>Prescriber's Name:</b>
Street Address:	Street Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Office #:
Phone (Cell) #:	Fax #:
Email:	Email:
Patient Allergies:	

**PRESCRIBER'S SIGNATURE:** X \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Commonly Requested Compounds for Patients with Vaginal Dryness**

1. \_\_\_ Estriol 0.05% Vaginal Cream in Mucolox™/Versabase™
2. \_\_\_ Estradiol 0.01%, Acidophilus 135 MU/GM, Vaginal Gel in MucoLox™/VersaBase©
3. \_\_\_ Hyaluronic Acid Sodium 5MG/GM Vaginal Cream (MucoLox™/VersaBase©) 0.5% Vaginal Gel (Non-Hormonal)  
**SIG:** Insert 1 gram vaginally at bedtime as needed for dryness

**Commonly Requested Compounds for Patients with Female Sexual Dysfunction**

4. \_\_\_ Testosterone Cream  
**SIG:** ( ) 0.5mg ( ) 1mg ( ) 2mg ( ) 3mg
5. \_\_\_ Sildenafil-Aminophylline-Arginine (3GM) 1%-3%-6% Accupen  
**SIG:** Apply up to 1 gram 30 - 60 minutes prior to relations

**Commonly Requested Compounds for Patients with Vaginal or Pelvic Pain**

6. \_\_\_ Amitriptyline HCL 2%, Baclofen 2% Vaginal Gel in MucoLox™/VersaBase©
7. \_\_\_ Gabapentin 5%, Lidocaine 2.25%, Prilocaine 2.25% Cream  
**SIG:** Insert 1 gram vaginally up to 3 - 4 times daily as needed for pain

**Commonly Requested Compounds for Patients with Vaginosis**

8. \_\_\_ Metronidazole-Chlorhexidine-Acidophilus 18.75MG-6.25MG/10MU/GM (Mucolox™/VersaBase©) Vaginal Gel  
**SIG:** Insert 2 grams vaginally each night at bedtime for 7 nights, followed by Boric Acid Vaginal Suppositories twice weekly
9. \_\_\_ Boric Acid 600 mg Vaginal Suppositories  
**SIG:** Insert 1 vaginally twice weekly for six months

**Directions:** \_\_\_\_\_

**Day Supply:** \_\_\_\_\_

**Refills:** Number of refills indicated here refers to all medications prescribed above

\_\_\_ 1 Year    \_\_\_ 5    \_\_\_ 3    \_\_\_ 1    \_\_\_ Zero