

Strohecker's Compounding Pharmacy
 1286 SE HOLGATE BLVD C-1 PORTLAND, OREGON 97202
 Phone 503-222-4822 Fax 503-222-4868
stroheckers@stroheckersrx.com

Patient _____ DOB _____ Phone: _____

Address _____ City _____ State _____ Zip _____ Phone _____

Injectable Medications:

Testosterone Injectable:

*Federal regulations prohibit the preprinting of controlled substances. Thus, all licensed physicians who are prescribing Testosterone injectables must fill out this section entirely. Please fill out according to your patients and pharmacy specifications.

_____ SIG _____ Quantity: _____ Refills: _____
 Medication/Concentration Directions

Estradiol Valerate 40mg/ml Castor Oil SIG: _____ Quantity: _____ Refills: _____

Estradiol Valerate 20mg/ml Castor Oil SIG: _____ Quantity: _____ Refills: _____

Topical Medications:

Testosterone Topicals

*Federal regulations prohibit the preprinting of controlled substance order forms. Thus, all licensed physicians who are prescribing Testosterone topically must fill out this section entirely. Please fill out according to your patients and pharmacy specifications.

_____ % Cream Oint Gel SIG: _____ Quantity: _____ Refills: _____
 Medication (Circle One)

Estradiol _____ % Cream Oint Gel SIG: _____ Quantity: _____ Refills: _____
 (Circle One)

Oral/Topical Medications:

DHEA _____ mg SIG: _____ Quantity: _____ Refills: _____

Progesterone _____ mg SIG: _____ Quantity: _____ Refills: _____

Bio-Thyroid _____ mg SIG: _____ Quantity: _____ Refills: _____

Anastrozole _____ mg SIG: _____ Quantity: _____ Refills: _____

Low-Dose Naltrexone _____ mg SIG: _____ Quantity: _____ Refills: _____

Magic Wart Cream (5-FU/GA) SIG: _____ Quantity: _____ Refills: _____

Other: _____ SIG: _____ Quantity: _____ Refills: _____

**Contact one of our compounding pharmacists regarding any other compounding needs **

Doctor _____ DEA # _____

Address: _____ Phone#: _____

Signature _____ Date _____

FAX to Strohecker's Specialty Pharmacy 503-222-4868