

PATIENT NAME: _____ DOB: _____ PHONE: _____

ADDRESS: _____

ALLERGIES: _____

Cognition **Low-Dose Naltrexone capsules**

□ 0.5 mg □ 1.5 mg □ 3 mg □ 4.5 mg □ Other: _____ mg

Qty: □ 30 □ 60 Refills: _____

SIG: Take 1 capsule by mouth nightly at bedtime. Titrate every 1–2 weeks as tolerated.

Sexual Dysfunction **Tadalafil 7.5 mg + Sildenafil 40 mg capsules**

Qty: □ 30 □ 60 □ 90 Refills: _____

SIG: Take 1-2 capsule(s) by mouth as needed for sexual activity. Do not exceed 2 capsules in 24 hours.

 Sildenafil 2%/Nifedipine 0.2%/Arginine 6%

Qty: □ 30g □ 60g Refills: _____

SIG: Apply 0.25-0.5ML to clitoris 30 minutes prior to sexual activity. Gently massage in and wash hands after usage

Nausea **Promethazine Topical PLO 25 mg/0.5 mL**

Qty: □ 5mL □ 10 mL Refills: _____

SIG: Apply pea-sized amount to inner wrist or forearm every 6 hours as needed for nausea.

Hair Loss **Minoxidil 10% + Finasteride 0.1% Atrevis Hydrogel (Extended BUD)**

Qty: □ 60g □ 120g Refills: _____

SIG: Apply to affected scalp once daily at bedtime, place a hair net or cap on and leave overnight wash in the morning. Wash hands after use.

Chronic Rhinosinusitis **Budesonide capsule 0.5 mg (sinus rinse)**

□ Sinus rinse bottle (default) □ Nasal Nebulizer

Qty: □ 60 ea □ 180 ea Refills: _____

SIG: Empty one capsule into device and rinse nasally twice a day as directed

Pain/Inflammation **Gabapentin 4% + Ketoprofen 2% + Lidocaine 2% cream**

Qty: □ 60g □ 120g □ 240g □ _____g Refills: _____

SIG: Apply 2-4 grams topically to affected area up to four times per day as needed for pain

Postherpetic Neuralgia **Gabapentin 6% + Lidocaine 4% + Valacyclovir5%**

Qty: □ 30g □ 60g Refills: _____

SIG: Apply thin layer to affected area TID; do not apply to broken skin.

Hemorrhoids/Fissure **Nifedipine 0.2% + Lidocaine 4% ointment**

Qty: □ 30g □ 60g Refills: _____

_____ **Rectal Rockets** (external and internal hemorrhoids) BID

SIG: Apply a pea-sized amount (approx. 0.2–0.5 g) to the anal canal twice daily. May also apply a thin layer externally as needed for pain.

 Nitroglycerin 0.4% + Lidocaine 1% ointment

Qty: □ 30g □ 60g Refills: _____

SIG: Apply a pea-sized amount (0.2–0.5 g) inside the anal canal twice daily for 6–8 weeks or as directed.

Hormone Replacement **Progesterone oral capsules**

□ 100 mg □ 150 mg □ 200 mg

Qty: □ 30 □ 90 Refills: _____

SIG: Take 1 capsule by mouth once daily

 Estradiol capsule

□ 1.5 mg □ 2 mg □ 2.5 mg

Qty: □ 30 □ 90 Refills: _____

SIG: Take 1 capsule by mouth once daily

 DHEA 10 mg capsule

Qty: □ 30 □ 90 Refills: _____ SIG: Take 1 capsule by mouth once daily

 Transdermal cream

□ Estriol 80: _____mg/gm Prog _____mg/gm _____mg/gm

□ Estradiol 20: _____mg/gm Prog _____mg/gm _____mg/gm

□ Estradiol 60: _____mg/gm Prog _____mg/gm _____mg/gm

□ Estradiol 40: _____mg/gm Prog _____mg/gm _____mg/gm

□ Estradiol 50: _____mg/gm Prog _____mg/gm _____mg/gm

Sig: Apply _____ clicks topically to skin once per day

(4 clicks=1 gram)

Qty: □ 30 days □ 90 days Refills: _____

□ 2% □ 5% □ 10% □ 20%

Qty: □ 30 days □ 90 days Refills: _____

Sig: Apply _____ clicks topically to skin once per day

(4 clicks=1 gram)

PRESCRIBER NAME: _____ NPI: _____ DEA: _____

ADDRESS: _____

PHONE: _____ FAX: _____ SUPERVISING: _____

PRESCRIBER SIGNATURE: _____ DATE: _____