



Patient Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 DEA: \_\_\_\_\_ NPI: \_\_\_\_\_

**COMPOUNDED MEDICATION OPTIONS**

**VAGINAL PAIN/NEUROPATHY (CHECK ALL THAT APPLY)**

Must write in controlled substances (i.e. ketamine, diazepam)

- Tetracaine 2%                       Cyclobenzaprine 2%
- Gabapentin 2-5%                   Baclofen 2%
- Lidocaine 2%                       \_\_\_\_\_
- \_\_\_\_\_

Apply a small amount to affected area \_\_\_\_\_ times daily as needed.  
 Dispense  30g  60g                      Refills 1 2 3 4 5  
 Additional Instructions: \_\_\_\_\_

**VAGINAL SPASM**

Must write in controlled substances (i.e. diazepam)

- \_\_\_\_\_ mg (5mg, 10mg, 20mg) suppository

Insert 1 suppository vaginally QHS for 30 days, then 3 times weekly  
 Dispense  30  60                      Refills 1 2 3 4 5  
 Additional Instructions: \_\_\_\_\_

**HORMONE REPLACEMENT**

Must write in controlled substances (i.e. Testosterone)

Select all hormones that apply  Cream  SL Oil  Troche

- Estriol (E3) \_\_\_\_\_ mg               DHEA \_\_\_\_\_ mg
- Estradiol (E2) \_\_\_\_\_ mg           \_\_\_\_\_ mg
- Progesterone \_\_\_\_\_ mg

Once daily     Twice daily              Dispense \_\_\_\_\_ month supply              Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

**Estradiol 0.01% vaginal cream without alcohol**

Apply \_\_\_\_\_ gm (0.5-1gm) to vulva/vagina nightly for 2 weeks, and then \_\_\_\_\_ (2-3 times) weekly  
 Dispense \_\_\_\_\_ month supply              Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

**Progesterone suppository**     100mg     200mg

Insert 1 suppository vaginally daily QHS or BID

Dispense  30  60                      Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

**CREAMS**

**Lichen Sclerosus Cream (tacrolimus, betamethasone, doxepin, tetracaine / lidocaine)**

Apply to affected area QHS for 1-2 weeks then 3 times weekly

Dispense \_\_\_\_\_ month supply              Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

**Triple Nipple Cream (betamethasone, mupirocin, clotrimazole)**

Apply to affected area after breastfeeding 3-4 times daily

Dispense \_\_\_\_\_ month supply              Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

**Scream Cream (sildenafil, aminophylline, l-arginine, peppermint oil)**

Apply to clitoral area 15-20 min prior to sexual activity

Dispense \_\_\_\_\_ month supply              Refills 1 2 3 4 5

Additional Instructions: \_\_\_\_\_

**PROVIDER SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

