curexa
Compounding Rx Services

BHRT Compounding

toll free phone. 855.927.0390
toll free fax. 855.927.0392

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:			

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
☐ Biest (80% Estriol, 20% Estradiol) ☐ Biest (50% Estriol, 50% Estradiol) ☐ Estradiol	☐ Cream	_____ mg/mL			
	☐ Capsules ☐ Troche	_____ mg			
☐ Progesterone	☐ Cream	_____ mg/mL			
	☐ Capsules ☐ Troche	_____ mg			
☐ Estriol Vaginal Suppositories		☐ 3 mg ☐ 5 mg	Insert 1 suppository intravaginally QD HS	☐ 30 units ☐ Other:	
☐ Oxytocin Sublingual Tabs		☐ 5 units	1-2 tabs sublingual every ☐ AM ☐ PM	☐ 30 tabs ☐ 60 tabs ☐ Other:	
☐ Hormone-Free Vaginal Moisturizer (Hyaluronic Acid/Poloxamer/Vitamin E Gel)		☐ 0.05%/30%	Insert 1 gram intravaginally HS	☐ 30 g ☐ Other:	
☐ Estriol/Hyaluronic Acid in Poloxamer 30% Gel		☐ 1 mg/0.05%	Insert 1 gram intravaginally QD	☐ 30g ☐ Other:	
☐ Scream Cream (Aminophylline/Arginine/Sildenafil) **if you would like to add **testosterone** 0.5mg, it must be written in custom box below**		☐ 3%/6%/20 mg	Apply pea size amount to clitoris 30 minutes prior to sexual activity	☐ 30g ☐ Other:	
☐ Thyroid (Porcine Source) MR (Modified Release) Caps		☐ _____ mg			
☐ Thyroid (Synthetic Source)	Levothyroxine (T4) Liothyronine (T3)	☐ T4 _____ mcg ☐ T3 _____ mcg			

Custom Formula: *In addition the box can be used for (adding **testosterone** to any of the above formulas, **Diazepam** or **Lorazepam** Vaginal Suppositories Extra)

☐				

Prescriber Signature and Date (Please sign and date below)

_____

Prescriber Signature Date

"If authorized by payer, I authorize Curexa™ 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"

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