YOUR HEALTH PHARMACY

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Women's Health and Sexual Dysfunction v1020

Patient Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Allergies: □ NKDA (no known drug allergies) □ Aspirin/ NSAID's □ Cyclobenzaprine □ Lidocaine / Local Anesthetic □ Tramadol □ Opioid
□ Gabapentin □ Penicillin □ Amitriptyline □ Other:_____

Vaginal Dryness / Atrophy

☐ Estriol 0.5 mg/mL Vaginal Cream
☐ Estriol Plus 0.5 mg/mL Vaginal Cream
☐ Estradiol 0.1 mg/mL Vaginal Cream
☐DHEA Plus 13 mg/mL Vaginal Cream
Estriol 0.5 mg /
_0.5
mg/ml combination cream
*State law requires prescribers write in controlledsubstances
☐ Non-Hormonal Vaginal Cream

☐ **SIG:** Insert 1 mL PV Q _____
☐ **Alternative SIG:**
_____
Dispense: _____ gm
Refills: # _____ PRN
_____

Vaginal Infection

Best

☐ Flucytosine 500 mg caps Q6H x 14 days

☐ Amphotericin B 50 mg Vaginal Suppositories 1 Supp QHS x 14 days

☐ Women's Complete Probiotic Capsules

SIG: 1 capsule PO QD
Dispense # _____
Refills # _____ or PRN
_____

Good

☐ Boric Acid 600mg Vaginal Caps
SIG: 1 capsule PV QD x 14 days, then 1 capsule Q week thereafter

☐ **Alternative SIG:**
_____
Dispense: #_____
Refills: #_____ or PRN

Libido & Orgasm Aids

☐ Oxytocin 50 IU SL Tablet
☐ Tadalafil 10 mg/Oxytocin 50 IU SL Tablet
SIG: Dissolve 1 -2 tabs SL 1 hour prior to sex
Dispense:_____Refills:_____or PRN

☐ DHEA 13 mg Suppositories
SIG: Insert 1 supp PV Q_____
Dispense: _____ gm
Refills: #_____or
PRN

Pelvic Pain Suppositories

☐ Baclofen _____mg
☐ Amitriptylline _____mg
☐ Gabapentin _____mg
☐ Lidocaine _____mg
☐ _____ _____mg
☐ _____ _____mg

*State law requires prescribers write in controlled substances

SIG: Insert 1 supp PV or PR Q_____
Dispense #_____
Refills: #_____or PRN

Libido & Orgasm Topical Aids

☐ Alprostadil 500 mcg/0.2ml Cream
Apply 2 – 4 clicks (0.1 – 0.2 ml) onto the clitoris and/or frenulum15 – 30 minutes prior to sexual activity
Dispense:____gm Refills:____#or PRN

Suppositories

☐ Progesterone 100 mg 200 mg_____mg Vaginal Supp
SIG: Insert 1 supp PV Q _____
Dispense #_____Refills: #_____ or PRN

☐ Rectal Suppository: Hydrocortisone 1%/Lidocaine 2%
SIG: Insert 1 supp PR QHS x 2 nights
Dispense #_____Refills: #_____or PRN

☐ Sildenafil 25 mg_____mg Vaginal Supp
SIG: Insert 1 supp PV 20 mins prior to activity
Dispense #_____Refills: #_____or PRN

*** (Provider initials)** _____ I am prescribing these compounds because they are clinically necessary for the treatment of this patient

Physician Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
DEA: _____ NPI: _____

_____ _____
Physician's Signature Date