

DATE \_\_\_\_\_



Total Wellness Pharmacy

1111 North Brand Blvd, Unit M Glendale CA 91202  
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# MALE BHRT

## Rx Order Form

### PATIENT

NAME \_\_\_\_\_ DOB \_\_\_\_\_ PHONE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

ALLERGIES \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_

### PRESCRIPTION

#### TESTOSTERONE CREAM

50mg/gm  100mg/gm  150mg/gm  \_\_\_\_\_ mg/gm

Sig: Apply 4 pumps (~1gm) topically once daily. Rotate areas of use

Quantity: \_\_\_\_\_ Refills: 1 2 3 4 5 prn

#### TESTOSTERONE SUBLINGUAL TABLETS

25mg  50mg  75mg  100mg  \_\_\_\_\_ mg

Sig: Take 1 tablet sublingually daily

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

#### CLOMIPHENE

- Clomiphene** 45mg; **Zinc** 5mg E4M Capsules
- Clomiphene** 22.5mg; **Zinc** 5mg E4M Capsules
- Clomiphene Citrate** 50 Tablets

Sig:  Take 1 tablet every 3rd day  
 Take 1 tablet every other day

Quantity: 30 60 Refills: 1 2 3 4 5 prn

#### ANASTROZOLE SUBLINGUAL TABLETS

0.15mg  0.30mg  \_\_\_\_\_ mg

Sig: Take 1 tablet sublingually every morning

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

#### FINASTERIDE SUBLINGUAL TABLETS

2.5mg  \_\_\_\_\_ mg

Sig: Take 1 tablet sublingually every morning

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

#### PREGNENOLONE SUBLINGUAL TABLETS

50mg  100mg  \_\_\_\_\_ mg

Sig: Take 1 tablet sublingually at bedtime

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

#### DHEA SUBLINGUAL TABLETS

25mg  50mg  \_\_\_\_\_ mg

Sig: Take 1 tablet sublingually every morning

Quantity: 30 60 90 Refills: 1 2 3 4 5 prn

### CUSTOM ORDER

RX \_\_\_\_\_ QUANTITY \_\_\_\_\_ gm

SIGNATURE \_\_\_\_\_ REFILL(S) \_\_\_\_\_

### PRESCRIBER

NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ ORDER SENT BY \_\_\_\_\_

DEA LICENSE # \_\_\_\_\_ STATE LICENSE # \_\_\_\_\_ NPI # \_\_\_\_\_

FAX COMPLETED FORM TO (888) 333-7911

