

Compound Order Form – Women's Health

Patient Name _____

Date of Birth _____

Address _____

Phone _____

Allergies _____

Atrophy/Dryness/Irritation

Hyaluronic Acid 5mg Vaginal Suppositories

Add Vitamin E 1mg (circle one) Yes or No

Sig: Insert 1 suppository vaginally 2 to 4 times a week at bedtime

Qty # 8 12 16 24 36 48 Other _____

Refills _____

Sexual Dysfunction (Scream Cream)

Scream Cream (Sildenafil 2%/Aminophylline 3%/Arginine HCl 6% Vaginal Cream

Sig: Apply to clitoral skin 30 minutes prior to intercourse

Qty (circle one) 15 grams 30 grams Refills _____

Vulvodynia/Vestibulodynia

Gabapentin 2.5%/Amitriptyline 2.5%/Baclofen 2.5% Vaginal Pain Cream

Sig: Apply vaginally every 8 hours prn for pain

Qty# 60 grams Refills _____

Vaginal Bacterial/Fungal Infection Cream

Metronidazole 125mg/mL/Nystatin 25000IU/mL

Sig: Insert 1 applicatorful (4mL) of cream vaginally every night at bedtime for 10 days

Qty # 40mL Refills _____

Vulvodynia/Vestibulodynia

Gabapentin 6% Vaginal Cream

Sig: Apply vaginally every 8-12 hours prn for pain

Qty (circle one) 30 grams 60 grams Refills _____

Physician Name _____

Date _____

Physician Signature/Person Authorizing and Title _____

Physician NPI or DEA# _____

Physician's Office Phone # _____