



2814 N University Drive
Coral Springs, FL 33065

Phone: 954 575 7085
Fax: 954 575 7083

Name: _____ DOB: _____
Address: _____ Phone: _____

____ Estradiol Cream 0.5mg/GM 30GM
Sig: Apply IGM (scoop) to skin once daily (\$20.95)

____ Estriol Vaginal Cream 0.05% 45GM
Sig: Use IGM intravaginally twice weekly (\$29.95)

____ Progesterone Cream 30mg/GM 45GM
Sig: Apply IGM (scoop) to skin at bedtime (\$25.95)

____ Testosterone Cream 2% 30GM
Sig: Apply IGM (scoop) to inner thigh once daily for 14 days, then twice weekly for maintenance (\$27.95)

____ Estradiol 0.5mg/GM-Progesterone 30mg/GM
Cream 30GM
Sig: Apply IGM (scoop) to skin once daily (\$20.95)

Estradiol ____ mg/GM-Progesterone ____ mg/GM-
Testosterone ____ % Cream 30GM

Signature _____

Refills