



# MYCELIUM PHARMACY

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Patient Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Allergies: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ NPI: \_\_\_\_\_ DEA: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Date: \_\_\_\_\_

BiEST (50:50)/Progesterone/Testosterone Gel 2mg/ml  
 30ml  60ml  Other Qty: \_\_\_\_\_ Refills: \_\_\_\_\_  
 SIG: \_\_\_\_\_

Progesterone  Troche  Cream  Capsules  
 100mg  200mg Qty: \_\_\_\_\_ (minimum of 30) Refills: \_\_\_\_\_  
 SIG: \_\_\_\_\_  
 Optional add ins for cream and troche only:  
 Testosterone \_\_\_\_\_mg  Estradiol \_\_\_\_\_mg  BiEST \_\_\_\_\_mg

BiEST (80:20) 4mg/ml Prefilled Syringe  
 10ml  20ml  Other Qty: \_\_\_\_\_ Refills: \_\_\_\_\_  
 SIG: \_\_\_\_\_

Estradiol  Cream  Capsules  
 0.5mg  1mg  2mg  
 Qty: \_\_\_\_\_ (minimum of 30) Refills: \_\_\_\_\_  
 SIG: \_\_\_\_\_

BiEST 2mg Prefilled Syringe  
 30ml  Other Qty: \_\_\_\_\_ Refills: \_\_\_\_\_  
 SIG: \_\_\_\_\_

Testosterone  10mg Cream  2mg Troche  15ml Nasal Spray  
 Qty: \_\_\_\_\_ (minimum of 30) Refills: \_\_\_\_\_  
 SIG: \_\_\_\_\_

DHEA Capsules  50mg  100mg Qty: \_\_\_\_\_ Refills: \_\_\_\_\_  
 SIG: \_\_\_\_\_  
 Optional add in:  Pregnenolone 250mg  
 Clomiphene 25mg

T3 Thyroid (Liothyronine) Capsules  
 5mcg  10mcg  25mcg  50mcg Qty: \_\_\_\_\_ Refills: \_\_\_\_\_  
 SIG: \_\_\_\_\_

DHEA/Hyaluronic Acid Cream 7.5mg/0.1mg/ml  
 Other strength: \_\_\_\_\_ Qty: 30ml Refills: \_\_\_\_\_  
 SIG: \_\_\_\_\_

T3 Thyroid (Liothyronine) Capsules  
 15mg  32.5mg  60mg  100mg Qty: \_\_\_\_\_ Refills: \_\_\_\_\_  
 SIG: \_\_\_\_\_

Custom HRT Compound  
 Ingredient(s) with strength(s): \_\_\_\_\_  
 Dosage Form (Cream, Capsules, etc): \_\_\_\_\_  
 Qty: \_\_\_\_\_ Refills: \_\_\_\_\_  
 SIG: \_\_\_\_\_

Porcine Thyroid Capsules  
 15mg  32.5mg  60mg  100mg Qty: \_\_\_\_\_ Refills: \_\_\_\_\_  
 SIG: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

**\*\*A note to patients from the physician. \*\***  
 This is a custom compounded prescription and may be filled at any pharmacy of the patient's choosing  
 - Neither the prescriber nor the practice profit from this transaction in any way.