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Female Hormone Therapy Order Form

Date: _____

Patient: _____ DOB: _____

Address: _____ Phone: _____

Indicate the therapy order selection below (Check applicable option):

- Option A: Comprehensive Hormone Therapy Care, includes the following:**
 - Gather hormone related health history & symptom checklist
 - Identify lab testing needs
 - Complete saliva hormone testing (if applicable)
 - Provide patient with introductory educational information on hormone deficiency & treatment
 - Submit assessment of hormone deficiency, care plan and hormone therapy recommendation
 - Prepare & dispense approved hormone therapy option according to approved care plan
 - Provide patient extensive education on hormone therapy use and expectations
 - Ongoing patient monitoring for therapy effectiveness
 - Submit care management documentation
 - Adjust therapy as appropriate

- Option B: Ongoing Patient Monitoring for Hormone Therapy, includes the following:**
 - Prepare & dispense approved hormone therapy option below
 - Provide patient extensive education on hormone therapy use and expectations
 - Ongoing patient monitoring for therapy effectiveness
 - Submit care management documentation

- Option C : Therapy Initiation Only, includes the following (for the prescription order below) :**
 - Prepare & dispense hormone therapy option below
 - Provide patient extensive education on hormone therapy use and expectations

Rx

Qty: _____

SIG: _____

Refills: _____

_____ Dispense as Written

_____ Substitution Permitted

Prescriber Name: _____

Prescriber Phone: _____