

# *Compounded Prescription*

Doctor Information

Patient Information:

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number:

\_\_\_\_\_ Progesterone 30mg or \_\_\_\_\_ per 0.25 ml In Versa base

\_\_\_\_\_ Apply 0.25 ml Every Night At Bedtime \_\_\_\_\_

\_\_\_\_\_ Quantity : 35 grams Refills : \_\_\_\_\_