



Sterile & Non-Sterile Compounding

www.jkohllrx.com

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**13110 W Dodge RD, Suite B
402-408-0015 • FAX: 402-408-0020**

Patient Name: _____ Date: _____

Allergies: _____ DOB: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

ADULT & PEDIATRIC UROLOGY

Estradiol Cream _____ 0.015% _____ 0.03% _____ 30gm _____ 60gm
_____ Insert 1gm vaginally hs for 2-4 weeks then 1gm vaginally hs 2-3 times a week thereafter
_____ Insert 1gm vaginally hs for 2 weeks then 1gm vaginally hs 2 times a week thereafter

Estradiol _____% / Testosterone _____% Cream
_____ Apply 0.5ml to vaginal/clitoris daily _____ Apply 0.5ml to vaginal/clitoris BID

Testosterone _____% Cream 15gm Apply 0.5ml to vaginal opening/clitoris daily

Testosterone _____ mg/gm Cream _____ 30gm _____ 60gm
Women 1mg-10mg/gm Men 50mg-200mg/gm Apply 1gm to inner arm or inner thigh once daily

Boric Acid Suppository _____ 300mg _____ 500mg Insert 1 suppository vaginally hs Qty _____

Valium Vaginal Suppository _____ 5mg _____ 10mg Insert 1 suppository vaginally hs Qty _____

Baclofen Vaginal Suppository _____ 5mg _____ 10mg Insert 1 suppository vaginally hs Qty _____

Lidocaine Topical Cream 5% 15gm Apply to vaginal opening 10 min prior to intercourse

Other: _____

M.D. Signature: _____

M.D. Written Name: _____

DEA#: _____ Phone: _____

Fax Order to 402-408-0020 | Price subject to change based on manufacturer