

## Patient Information:

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Allergies: \_\_\_\_\_

Email: \_\_\_\_\_

## Prescription Products (please use the check boxes below for selection)

PRODUCTS	DOSAGE & ADMINISTRATION
<input type="checkbox"/> 140 count Progesterone 100mg capsule	Take 1 capsule oral 7x per week
<input type="checkbox"/> 4 BiEst 50/50 cream 2mg/gm (35gm topi-click)	Apply 4 clicks (1gm) to inner thigh or inner forearm daily

Dosage Modifications (if needed):

Progeserone: ☐ 200mg

BiEst Cream: ☐ 4mg/gm

## "Pick 3" Supplement Selection (required with ALL TCore20™ Programs)

<input type="checkbox"/> Digestive	<input type="checkbox"/> Energy	<input type="checkbox"/> General Health
<input type="checkbox"/> Heart	<input type="checkbox"/> Sleep	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Mood (select dosage next)	<input type="checkbox"/> 10mg <input type="checkbox"/> 25mg	

## Doctor & Clinic Information:

 Affinity Physician Network  
6180 Halle Drive Suite B Valley View, Ohio 44125  
 Phone: (216)-273-8700  
 Fax: (216)-290-1210  
 Email: tcore20@hrtnetwork.com

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

DEA #: \_\_\_\_\_

State License #: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(month must be spelled out, i.e. March 1, 2017)

## Special Instructions (no script written here):

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