Prescription *Renewal Form*

THE MENOPAUSE & WELLBEING CLINIC

ELIGIBILITY REQUIREMENTS

Before completing this form, please confirm that:

- ☐ You are an existing patient of the Menopause and Wellbeing Clinic.
- ☐ You have been seen by Dr. Casey Bye within the last 12 months.
- ☐ Your breast screening (mammogram, ultrasound or MRI) is up to date.

If you do not meet these requirements, or if you have new symptoms or concerns, we will request that you book a face-to-face consultation instead.

FULL NAME (required)

First Name _____ Last Name _____

Date of Birth _____ / _____ / _____

Email (required) _____

Phone _____

BREAST SCREENING DETAILS

Date of Most Recent Breast Imaging _____ / _____ / _____

Medication Renewal Request

Please tick the medications you are requesting and provide your current dose.

- ☐ Estrogel: 1 pump _____ 2 pumps _____ 3 pumps _____ 4 pumps _____
- ☐ Prometrium: Cyclical (2 capsules days 15-26) _____ Continuous (1 capsule every night) _____
- ☐ AndroFeme: 0.25ml _____ 0.5ml _____ 0.75ml _____

(Your testosterone blood level must been checked within the last 12 months)

- ☐ Vaginal Oestrogen: Ovestin cream _____ Ovestin pessaries _____ Intrarosa pessaries _____

ADDITIONAL COMMENTS (required)

_____

_____

_____

_____

Financial Consent

- ☐ I understand that a fee of $50 is payable before the prescription is issued.

Thank You