



## Physician Approval for BHRT Consult

To refer a patient for a hormone consult, Physician should sign and fax back to me at **(601) 724-1908**.

**Located off Highway 80**  
1645 W. Government Cove, Suite E  
Brandon, MS 39042

Thank you so much! I look forward to working with you and your patient!

**Anna Claire Heindl, Pharm.D.**

**Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Referred by:** \_\_\_\_\_

**Notes to Pharmacist:**

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Check this box if you want to approve the BHRT prescriptions **BEFORE** the patient's first fill. If unchecked, your patient will receive first fill the day of the hormone consult and you will be faxed the recommendation immediately for review & authorization of refills.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Physician Signature**