



Keystone Pharmacy's Consulting Services

4021 Cascade Road SE • Grand Rapids, MI 49546 • Phone (616) 974-9792 • Fax (616) 464-3469 • Email: mbpre@mac.com

Please sign and fax back to
616-464-3469

Authorization for Consultation to dose Menopausal Hormone Therapy With Mary PreFontaine, RPh, Women's Health Specialist

Date: _____
Fax: _____

Your patient _____, DOB: _____, has requested authorization for a consultation with Keystone Pharmacy regarding Menopausal Hormone Therapy. Ms. PreFontaine will conduct an in-depth hormone evaluation regarding symptoms, family history, prescribed medications, over the counter medications, nutritional supplements and herbal supplements and the risk versus benefits of HRT. Your office can order serum hormone levels of estradiol, testosterone and progesterone to assist with the dosage determination. Quest Diagnostics has a working panel of estradiol (free) X36169, testosterone (free) X36170, and progesterone X17183. Saliva testing of free levels of estradiol, progesterone, testosterone, cortisol and DHEA can also be done at the pharmacy for a cost of \$150.00 to the patient. Saliva testing is the preferred method since it measures free tissue levels of the hormones, yet some patients cannot afford the cost and their insurance covers the more expensive serum testing exclusively. Utilizing the information from the evaluation and any testing, a dosage recommendation will be sent to your office for your approval. Ms. PreFontaine will conduct follow up consultations with the patient to refine and adjust the dosage as necessary over the next 6-12 months. If you would like supporting documentation for chemically identical hormone therapy, upon request, the pharmacy will mail your office a packet addressing the quality of our compounded products, information on the basis behind biologically identical hormone therapy and literature references. If you would like an abstract from a particular reference, we can fax it over to you following your request.

Signature of Physician _____

(Please sign if patient is authorized to consult with Keystone Pharmacy)

SALIVA TESTING REQUESTED	YES	NO
SERUM TESTING ORDERED	YES	NO

(Please fax results of serum testing to Keystone at 464-3469)