

Example of a 2nd Consultation

Recall “Details Later”

Questionnaire Review:

- Patient much improved
- Bi-Est 30 mg/ml 80:20 3 drops b.i.d.
Progesterone 200 mg/ml 6 drops
- Still awakening x 1.5 hrs during the night
with HF & racing mind

Increase the Bi-Est?

- To “3 & 4?”

Too much oil to apply twice daily to forearms

And, 7 drops a day x 28 d/mth = 196 drops

8.5 ml/bottle x 20.7 gtts Bi-Est/ml = 176 drops

Not enough oil!

Optimal Amount of Drops... or Pumps

“Details Later” con’t:

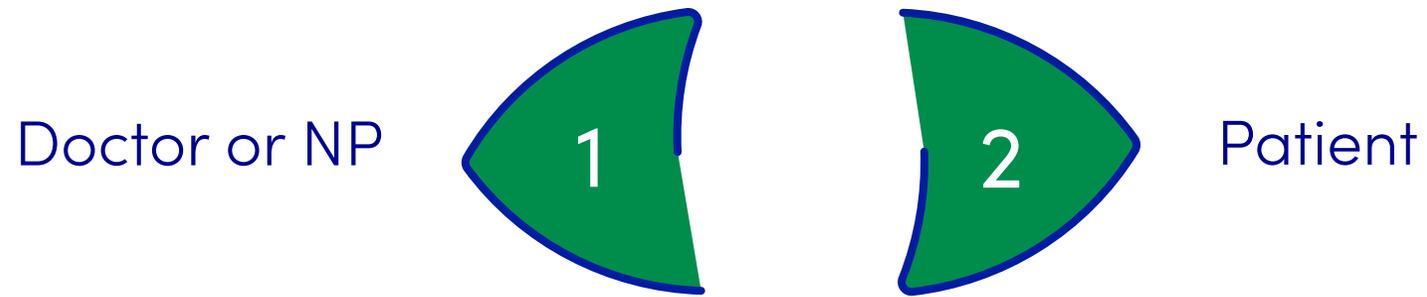
- 2 & 3 for Bi-Est is an optimal amount to apply to the forearms
 - Allows for an up or down of 1 drop for dose change
 - a 20% increase or decrease of dose with each change
- Contrast with “1 & 1:”
 - A dose increase or decrease of 1 drop is a 50% change each time
- I found it far more challenging with gels/spoons/pumps/clicks
- Why bring this up?
 - “double the strength for half the price” practice
 - 5 gtts/day will work with 8.5 ml
 - Thus an Rx that lasts one month (+)

LHCP

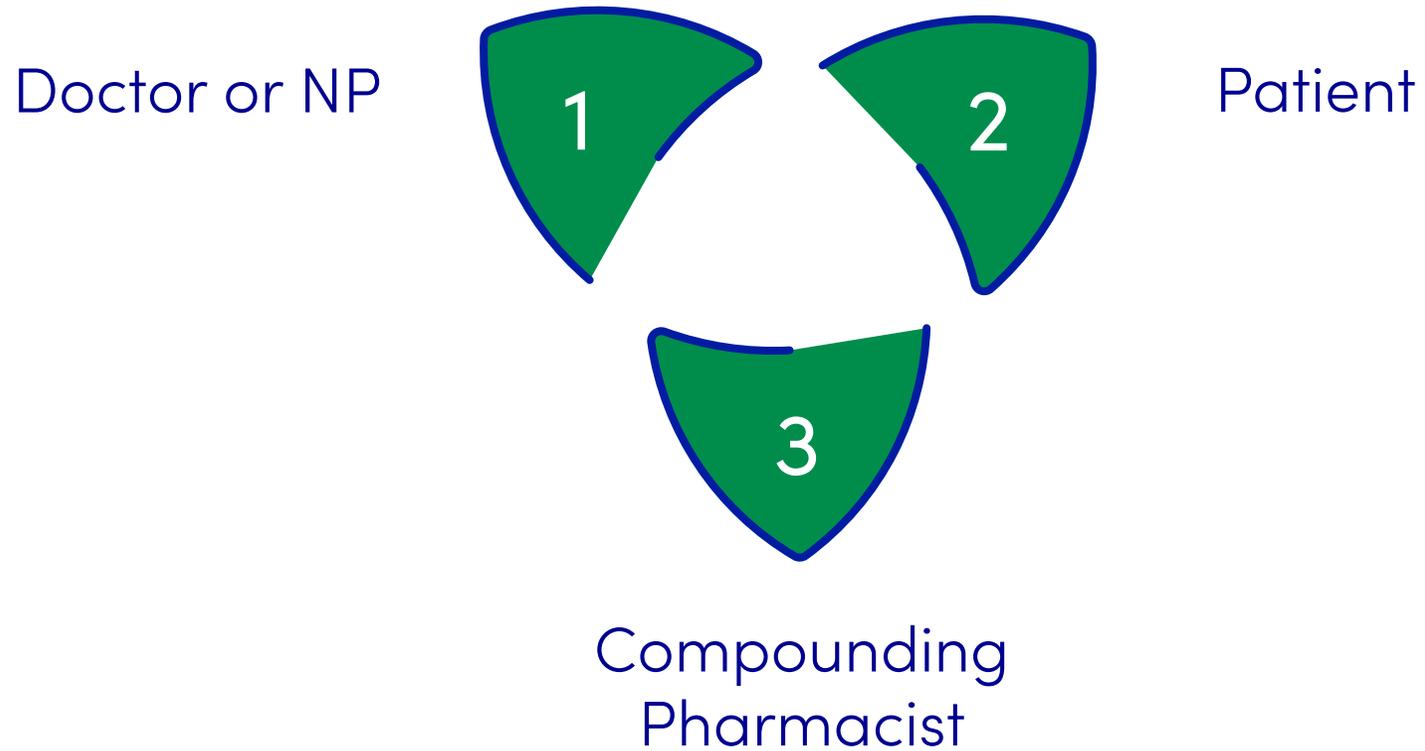
- Almost everyone makes out in these “doublings”
Patients get very inexpensive treatments
Physicians and NP’s are semi-heros
- Almost everyone?

LHCP

Professional Relationship



Professional Relationship



Compounding Pharmacists

I would not be here today without them

- We'll be lucky to have the neighborhood compounding pharmacists survive the hurricane
- New England "Compounding Pharmacy" disaster
- New federal regulations...
... and major expenses thereof
- Will there be a "B.U.D" of one month?
If so, or not, optimal drops per day can be calculated and be related to the mg/ml and the E3/E2 ratio
Which works well anyway, and allows pharmacists to dispense one-month's Rx