

My Elestrin switch card

Private - keep it with you. Fill this in for your clinician and pharmacist, not for The HRT Index.

01 YOUR CURRENT TREATMENT

Now: Elestrin _____ pump(s) a day, on my upper arm and shoulder

Why I want to switch: cost / coverage / cannot fill / skin / transfer / routine / symptoms

Uterus: yes / no **Progestogen I take now:** _____

History to mention: clots / stroke / heart attack / breast or uterine cancer / liver disease / unexplained bleeding / migraines / none

02 QUESTIONS FOR YOUR CLINICIAN

1. Which product do you suggest, and is it FDA-approved?

2. What are the directions, and why that amount?

3. When do I stop Elestrin and start the new one?

4. What should I watch for in the first few weeks?

5. When do we check in about symptoms or bleeding?

6. Is it covered by my plan, or what is the cash price?

03 PHARMACY AND QUOTE

Pharmacy that has it in stock: _____

Price quoted: \$ _____

Your clinician answers question 3. This card does not provide start/stop timing or a dose conversion. Add other medicines and health concerns on another sheet; this is not a complete medical-history checklist.