

**For Fax Transmittal Only to Patients Choice of Pharmacy or  
Healthway Compounding Pharmacy 989-791-4603**

Healthway Compounding Pharmacy  
2544 McLeod Dr. N. • Saginaw, MI 48604  
Ph: 989-791-1691 • Fax 989-791-4603

Patient: \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City/St./Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

Allergies: \_\_\_\_\_

All compounds for office use require a prescription written for each individual patient. Medication will be dispensed with patient specific label and in patient specific package.

### The ABCs of Transdermal Pain Management

ABC Pain Formula **Cream Based**

Amitriptyline 2%/Baclofen 2%/Cyclobenzaprine 2%  
Diclofenac 3%/Lidocaine 5%. In transdermal base.

**Dispense** (in 5 ml tubes)

120ml  60ml  30ml  Other \_\_\_\_\_

ABC Pain Formula **Roll-on-Liquid**

Amantadine 2%/Bupivacaine 0.5%  
Cyclobenzaprine 1%/Ketoprofen 10%  
Dextromethorphan 1%. In Cutter's solution.

**Dispense** (in roll on applicator)

90ml  60ml  Other \_\_\_\_\_

ABC Pain-Sport **Roll-on-Liquid**

Diclofenac 3%/Lidocaine 2%. In Cutter's solution.

**Dispense** (in roll on applicator)

90ml  60ml  Other \_\_\_\_\_

ABC Alternative **Cream Based Formula**

Ketoprofen 10%/Lidocaine 10%/Gabapentin 6%

**Dispense** (in 5 ml tubes)

120ml  60ml  30ml  Other \_\_\_\_\_

Other \_\_\_\_\_

Refills \_\_\_\_\_ **Sig:** Apply 1 ml q 2 hours to dermatome of painful area until pain is relieved then  
TID-QID PRN. Pharmacist to counsel before start of therapy

Prescriber Signature: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

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