

**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)

90ml 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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