

Healthway Compounding Pharmacy

2544 McLeod Dr., N. Saginaw, MI 48604

989.791.1691 Fax: 989.791.4603

www.healthwayrx.com

Patient: _____ Date: _____

Address: _____ City/St/Zip: _____

D.O.B. _____ Home Phone: (____) _____ Work 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.

Commonly Prescribed Compounds for Colorectal Issues

<p>Anal Fissures</p> <p><input type="checkbox"/> Misoprostol 0.002%, Nitroglycerin 0.2%, Phenytoin 2% ointment</p> <p><input type="checkbox"/> Diltiazem 2%, Nitroglycerin 0.2% ointment</p> <p><input type="checkbox"/> Ketoprofen 2%, Lidocaine 2%, Misoprostol 0.003% cream</p> <p>Sig: Apply pea size (1 gm) to anal area two-three times daily</p> <p>Colitis</p> <p><input type="checkbox"/> Nicotine rectal enema 3 mg</p> <p><input type="checkbox"/> Nicotine rectal enema 6 mg</p> <p>Sig: 3mg everyday for 7 days, then 6mg everyday for 7 days</p> <p>Hemorrhoids</p> <p><input type="checkbox"/> I/O suppository (Rectal Rocket) Hydrocortisone 1%, Lidocaine 2% Sig: Insert 1 rectally at bed time for 6 nights</p> <p>Peristomal Irritation/Ulcers</p> <p><input type="checkbox"/> Sucralfate 25% gel</p> <p>GERD</p> <p><input type="checkbox"/> GERD Nutritional Formula: (13088) Melatonin 6mg, Methylcobalamin 50mcg, Methionine 100mg, Pyridoxine 25mg, Betaine HCl 100mg, Folic Acid 10mg, Tryptophan 200mg.</p> <p>Sig: take 1 po hs. <input type="checkbox"/> Dispense 30</p>	<p>Post Hemorrhoidectomy Pain</p> <p><input type="checkbox"/> Lidocaine 4%, Metronidazole 10% in Lipoderm</p> <p>Radiation Proctitis</p> <p><input type="checkbox"/> Lidocaine 4%, Misoprostol 0.003% suppository</p> <p><input type="checkbox"/> Short Chain Fatty Acid Enema (sodium butyrate 100mm/Liter) Sucralfate</p> <p>Rectal Bleeding</p> <p><input type="checkbox"/> Tranexamic Acid 4.8% enema</p> <p>Rectal Spasm</p> <p><input type="checkbox"/> Belladonna 15mg/Morphine 15mg suppository</p> <p>Ulcerative Proctitis</p> <p><input type="checkbox"/> Mesalamine 500mg suppository</p> <p>Other</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
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Refills _____ Dispense Other _____

SIG _____

Prescriber Signature: _____ Prescriber Name (Print): _____

Address: _____ City/St/Zip: _____

Phone: _____

Fax completed form to patients choice of pharmacy or Healthway Compounding Pharmacy at 989-791-4603.



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