

Healthway Compounding Pharmacy
2544 McLeod Dr. N. Saginaw, MI 48604
Ph: 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.

Frequently Prescribed Compounds for Dermatology

<p>Acne: BID</p> <p><input type="checkbox"/> Lipoic Acid 0.5%, Niacinamide 3%, Spironolactone 4% cream</p> <p><input type="checkbox"/> Benzoyl Peroxide 10%, Clindamycin 1% gel</p> <p>Anesthetics: Apply 1 hr. before procedure</p> <p><input type="checkbox"/> Bupivacaine 1% , Lidocaine 10%, Tetracaine 6% in DMSO lotion</p> <p><input type="checkbox"/> Lidocaine 4%, Tetracaine 2%, Epinephrine 0.05% solution</p> <p>Cheloids:</p> <p><input type="checkbox"/> Tamoxifen 1% cream</p> <p>Chemical Peel:</p> <p><input type="checkbox"/> Glycolic Acid 10%, Lactic Acid 5%, Salicylic Acid 3% lotion</p> <p>Hyperpigmentation: BID</p> <p><input type="checkbox"/> Hydroquinone 6%, Retinoic Acid 0.1%, Ascorbic Acid 1.7% cream</p> <p><input type="checkbox"/> Hydroquinone 6%, Retinoic Acid 0.5%, Triamcinolone 0.05% cream</p> <p>Psoriasis: BID</p> <p><input type="checkbox"/> LCD 5%, Salicylic Acid 5%, Triamcinolone 0.17% Urea 10% solution</p> <p><input type="checkbox"/> Hydrocortisone 1.5%, Ibuprofen 2%, Caffeine 1%, Tea Tree 1%</p>	<p>Rosacea: BID</p> <p><input type="checkbox"/> Alpha Lipoic Acid 2%, Azelaic Acid 2%, Ascorbic Acid 5%, Retinoic Acid 0.025%, Oxymetazoline 0.025% lotion</p> <p><input type="checkbox"/> Biotin 0.1%, Lipoic Acid 0.5%, Niacinamide 4% cream</p> <p><input type="checkbox"/> Silymarin 1%, MSM 10-15% cream</p> <p>Warts:</p> <p><input type="checkbox"/> Cimetidine 1%, DDG 0.2%, Ibuprofen 2%, Tea Tree 10% lotion</p> <p><input type="checkbox"/> Trichloroacetic Acid 20%, Salicylic Acid 60% ointment</p> <p><input type="checkbox"/> Salicylic Acid 30%, Retinoic Acid 1%, 5-FU 5% solution</p> <p><input type="checkbox"/> Trichloroacetic Acid 40-85% solution</p> <p><input type="checkbox"/> Cantharidin 1%, Salicylic Acid 30%, Podophyllum 3% solution</p> <p>Other:</p> <p><input type="checkbox"/> _____</p> <p>_____</p> <p>_____</p>
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Dispense _____ Refills _____

SIG _____

Prescriber Signature: _____

Prescriber Name (Print): _____

Address: _____ City/St/Zip: _____

Phone: _____ Email: _____

