

## 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.**

### Commonly Prescribed Ear, Nose, Throat Formulas

#### Ear Preparations:

- |   |  |  |  |
|---|--|--|--|
| <b>Antibiotic:</b><br><input type="checkbox"/> Erythromycin<br><input type="checkbox"/> Clindamycin<br><input type="checkbox"/> Gentamycin<br><input type="checkbox"/> Neomycin<br><input type="checkbox"/> Polymyxin<br><input type="checkbox"/> Chloramphenicol<br><input type="checkbox"/> Sulfanilamide | <b>Anti-Fungal:</b><br><input type="checkbox"/> Clotrimazole<br><input type="checkbox"/> Itraconazole<br><input type="checkbox"/> Tolnaftate<br><input type="checkbox"/> Amphotericin B<br><input type="checkbox"/> Griseofulvin<br><input type="checkbox"/> Fluconazole | <b>Anti-Inflammatory:</b><br><input type="checkbox"/> Dexamethasone<br><input type="checkbox"/> Hydrocortisone<br><input type="checkbox"/> Triamcinolone<br><br><b>Other:</b><br><input type="checkbox"/> Metronidazole<br><input type="checkbox"/> Chlorophyll<br><input type="checkbox"/> Iodine<br><input type="checkbox"/> Diphenhydramine | <b>Anesthetic:</b><br><input type="checkbox"/> Lidocaine<br><input type="checkbox"/> Benzocaine<br><br><b>Dosage Form:</b><br><input type="checkbox"/> Drop<br><input type="checkbox"/> Powder |
|---|--|--|--|

#### Nasal Preparations:

- |   |   |  |   |
|---|---|--|---|
| <b>Antibiotic:</b><br><input type="checkbox"/> Ciprofloxacin<br><input type="checkbox"/> Mupirocin<br><input type="checkbox"/> Tetracycline<br><input type="checkbox"/> Clindamycin<br><input type="checkbox"/> Gentamycin<br><input type="checkbox"/> Tobramycin | <b>Anti-Fungal:</b><br><input type="checkbox"/> Nystatin<br><input type="checkbox"/> Clotrimazole<br><input type="checkbox"/> Itraconazole<br><input type="checkbox"/> Tolnaftate<br><input type="checkbox"/> Amphotericin B<br><input type="checkbox"/> Griseofulvin<br><input type="checkbox"/> Fluconazole | <b>Anti-Inflammatory:</b><br><input type="checkbox"/> Dexamethasone<br><input type="checkbox"/> Hydrocortisone<br><input type="checkbox"/> Triamcinolone                               | <b>Anesthetic:</b><br><input type="checkbox"/> Lidocaine<br><input type="checkbox"/> Benzocaine                               |
| <b>Decongestant:</b><br><input type="checkbox"/> Ephedrine<br><input type="checkbox"/> Phenylephrine<br><input type="checkbox"/> Oxymetazoline  | <b>Hemostatic:</b><br><input type="checkbox"/> Tranexamic acid<br><br><b>Sinusitis Nasal Spray</b><br><input type="checkbox"/> Fluconazole 0.75%,<br>Mupirocin 0.25%,<br>Xylitol 7.5%,<br>Triamcinolone 0.1%  | <b>Other:</b><br><input type="checkbox"/> Metronidazole<br><input type="checkbox"/> Boric Acid<br><input type="checkbox"/> Cromolyn Sodium<br><input type="checkbox"/> Diphenhydramine | <b>Dosage Form:</b><br><input type="checkbox"/> Drop<br><input type="checkbox"/> Spray<br><input type="checkbox"/> Irrigation |

#### Throat Preparations:

- |  |  |
|--|--|
| <input type="checkbox"/> Tetracaine lollipop<br><input type="checkbox"/> Electrolyte troche for salivation<br><input type="checkbox"/> Artificial saliva | <b>Other:</b><br>_____<br>_____<br>_____ |
|--|--|

\_\_\_\_\_ Refills \_\_\_\_\_ Dispense

SIG \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Prescriber Name (Print): \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

