

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

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

Patient: _____ DOB _____ Date _____

Address _____ City/St./Zip _____

Home Phone: (____) _____ Alt. Phone: (____) _____

Allergies: _____

How to Write for Compounded Prescriptions

- Compounded Medication (Please Indicate that it is a compounded prescription)

- Generic Name of Active Ingredient(s) / Strength or Dose (i.e. % or mg)

- Dosage Form (i.e. transdermal, suppository, capsule, troche)

Quantity _____

Refills _____

Sig: _____

Please call our pharmacy for specific questions regarding formulations. 1-866-883-8868

Prescriber Signature _____

Prescriber Name (written) _____

Address _____ City/State/Zip _____

Phone _____

Fax Completed Form to Patients Choice of Pharmacy or Healthway 989-791-4603

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