

**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 copounds 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 Compounded Ophthalmic Solutions**

**Acanthamoeba Keratitis:**

- PHBG (polyhexamethylenebiguanide) 0.02% drops
- Chlorhexidine 0.02% drops

**Cataracts and ARMD:**

- Acetylcysteine 5% - 20% drops
- DMSO 6.25% drops
- Glutathione 1.25% drops

**Corneal Ulcer:**

- Ceftazidime 50 mg/ml drops
- Tobramycin 1.4% drops
- Vancomycin 1.4% drops

**Dry Eye:**

- Autologous Serum Eye drops
- Brilliant Green 1% for diagnosis
- Carnosine 1% drops

**Fungal infections:**

- Amphotericin 0.15% - 0.5% drops
- Voriconazole 1% drops

**Pterygium:**

- Indomethacin 0.01% drops
- Mitomycin 0.02% - 0.04% drops
- Mitomycin 0.02% - 0.04% injections

**Other:**

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

Sig: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

