

# Pediatric

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St. Charles, MI 48655  
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# Compounds

2544 McLeod Dr., N  
Saginaw, MI 48604  
989/791-1691  
Fax: 989/791-4603  
www.healthwayrx.com

## Potential Needs

- Analgesics
- Antibiotics/Antivirals
- Head lice medications
- Premature apnea therapy
- Psoriasis/Eczema medications
- Topical anesthetics



Ask about our Kid-Friendly Flavors!

## Dosage Forms

- Capsules & Troches
- Inhalation devices
- Lollipops/Popsicles
- Ophthalmic Preparations
- Oral Syrups
- Otic Medications
- Pediatric dosing bottle
- Transdermal Gel or Cream
- Dye, Sugar, & Corn Free

## Diaper Rash Ideas

- |   |   |   |   |   |
|---|---|---|---|---|
| <input type="checkbox"/> <b>Formula #1537</b> | <input type="checkbox"/> <b>Formula #1600</b> | <input type="checkbox"/> <b>Formula #1968</b> | <input type="checkbox"/> <b>Formula #3700</b> | <input type="checkbox"/> <b>Formula #0212</b> |
| Peruvian Balsam                               | Peruvian Balsam                               | Peruvian Balsam                               | Cholestyramine                                | Aluminum Hydroxide                            |
| Castor Oil USP                                | Boric Acid                                    | Castor Oil USP                                |   | Zinc Oxide USP                                |
| Boric Acid                                    | Zinc Oxide                                    | Zinc Oxide USP                                |   | Castor Oil USP                                |
| Zinc Oxide                                    |   | Mineral Oil                                   |   | Benzoin Tincture                              |
| Mineral Oil                                   |   | Miconazole Nitrate USP                        |   | Phenol Liquified USP                          |
| Petrolatum USP                                |   | Cornstarch                                    |   | Wax   |
|   |   | Emollient Cream                               |   | Petrolatum USP                                |
|   |   | Petrolatum USP                                |   |   |

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.

Fax completed form to patient's choice of pharmacy or Healthway 989-791-4603

Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

City,State,Zip: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

SIG

Check selection: \_\_\_\_\_ 30g \_\_\_\_\_ 60g \_\_\_\_\_ 120g \_\_\_\_\_ Other

\_\_\_\_\_ Refills

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

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

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

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