

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 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 Urogynecology Compounds 1of 2

Vulvodynia

- AMITRIPTYLINE 2% BACLOFEN 2%
in Versabase cream
Sig: Apply 0.5 ml to affected area using fingertip
1 - 3 times daily; Dispense 45 grams
- GABAPENTIN 6% in Versabase cream
Sig: Apply 0.5 ml to affected area using fingertip
1 - 4 times daily; Dispense 60 grams
- KETAMINE 10%
Sig: Apply 0.5 ml to affected area using fingertip
1 - 4 times daily; Dispense 60 grams

Lichen Planus

- HYDROCORTISONE VAGINAL CREAM 100 mg/gm
Sig: Insert 5gm hs x 14; then 4gm hs x 7;
3 gm hs x 7; 2gm hs x 7, 1gm hs x 7; .5 gm hs
x 7, then .5gm qohs. Dispense 150gm.
- HYDROCORTISONE 50 MG VAGINAL
SUPPOSITORY, TACROLIMUS 2 MG
VAGINAL SUPPOSITORY
Sig: Starting with the HC vaginal suppository,
insert one suppository twice daily for 14 days.
Then decrease dose to once daily every other
day alternating with tacrolimus suppository on
days when not using the HC suppository;
dispense 22 hydrocortisone suppositories, 8
tacrolimus suppositories for 30 days supply.

- HYDROCORTISONE 10% VAGINAL CREAM,
TACROLIMUS 2 MG VAGINAL SUPPOSITORIES
Sig: Insert 1 gram of HC vaginal cream using
vaginal applicator at bedtime for 2 weeks, then
alternate using 0.5 grams of HC cream every other
day with tacrolimus vaginal suppositories; dispense
20 grams of Hydrocortisone cream and 8 Tacrolimus
suppositories for 30 day supply.

- C-B-T ALTERNATING WITH T-B-T
C-B-T: Clobetasol 0.05%, Benadryl 2%, Tranilast 2%
in aquaphor ointment.
T-B-T: Tacrolimus 0.1%, Benadryl 2%, Tranilast 2% in
Aquaphor ointment.
Sig: Apply thin layer of C-B-T ointment to affected
area at hs alternating every other day with T-B-T
ointment.

Urethral & Bladder Spasms

- BELLADONNA 15MG / MORPHINE SULFATE 7.5MG
SUPPOSITORY (CII requires a handwritten prescription)
- BELLADONNA 0.03% / KETOPROFEN 0.1% /
LIDOCAINE 2% TETRACAINE 0.5% URETHRAL GEL
Sig: Insert 1-2ML in urethra PRN

Other

- _____

_____ Refills _____ Dispense

Prescriber Signature: _____

Prescriber Name (Print): _____

Address: _____ City,State,Zip: _____

Phone: _____ Email: _____



**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 Urogynecology Compounds 2of 2

<p>Anal Fissure</p> <p><input type="checkbox"/> NITROGLYCERIN 0.2%, MISOPROSTOL 0.002%, PHENYTOIN 2% OINTMENT Caution: Do not use in pregnant women Sig: Apply pea size (1gm) to affected area 2 - 3 times daily for 2 weeks <input type="checkbox"/> Dispense 30 grams</p> <p><input type="checkbox"/> DILTIAZEM 2% in Versabase cream Sig: Apply pea size (1gm) to affected area 2-3 times daily for 2 weeks; <input type="checkbox"/> Dispense 30 grams</p> <p><input type="checkbox"/> KETOPROFEN 2%, MISOPROSTOL 0.002%, LIDOCAINE 2%, PHENYTOIN 2% OINTMENT Caution: Do not use in pregnant women Sig: Apply pea size (1gm) to affected area 2 - 3 times daily for 2 weeks; <input type="checkbox"/> Dispense 30 grams</p> <p>Hemorrhoids</p> <p><input type="checkbox"/> I/O SUPPOSITORY (RECTAL ROCKETS) Hydrocortisone 2%, Lidocaine 1% Sig: Insert one suppository rectally 2 times daily; <input type="checkbox"/> Dispense 6 suppositories.</p> <p><input type="checkbox"/> HYDRO/KETO/LIDO Hydrocortisone 2.5%, Ketoprofen 10%, Lidocaine 4% Sig: Apply pea size (1gm) amount to affected area twice daily</p> <p>Other:</p> <p><input type="checkbox"/> _____ _____ _____</p>	<p>Vaginal Dryness/Atrophic Vaginitis</p> <p><input type="checkbox"/> ESTRIOL VAGINAL CREAM Estriol 0.25mg/gm in emollient cream base Sig: Insert 2 grams using vaginal applicator q hs for 1 week, then decrease to 3 times weekly; <input type="checkbox"/> Dispense 30 grams.</p> <p><input type="checkbox"/> BI-ESTROGEN VAGINAL CREAM Estriol 2 mg, Estradiol 0.5 mg per gram Sig: Insert 0.5 to 1 gram with vaginal applicator for 7 to 14 days q am, then 2 - 3 times weekly; Dispense <input type="checkbox"/> 30 <input type="checkbox"/> 60 gram tube.</p> <p><input type="checkbox"/> ESTRIOL OR BI-ESTROGEN VAGINAL INSERTS Estriol 0.5 mg, or Estriol 2 mg with Estradiol 0.5 mg suppositories Sig: Insert 1 suppository intra-vaginally for 7 - 14 days every morning; then 2 - 3 times weekly as needed for vaginal dryness; <input type="checkbox"/> Dispense 30 day supply.</p> <p>Women's Libido</p> <p><input type="checkbox"/> TESTOSTERONE 0.5 MG/ML Sig: Apply 1 ml every day to the inside of the thigh or arm; <input type="checkbox"/> Dispense 30 ml.</p> <p><input type="checkbox"/> TESTOSTERONE 1 MG SUBLINGUAL TABLET Sig: Place one tablet under tongue every day; <input type="checkbox"/> Dispense 30 tablet triturates.</p> <p><input type="checkbox"/> TESTOSTERONE TOPICAL LIQUID IN OLIVE OIL 2.5MG/ML Sig: Apply 1 - 5 gtts (0.25-1.25mg) to clitoris every day for 3-5 weeks. Once sensitivity returns, apply to wrist; <input type="checkbox"/> Dispense 0.25 mg/ml.</p> <p><input type="checkbox"/> DHEA 5 MG SUSTAINED-RELEASE CAPSULES Sig: Take one capsule by mouth every day; <input type="checkbox"/> Dispense 30 capsules.</p>
--	--

_____ Refills _____ Dispense Other

Prescriber Signature: _____

Prescriber Name (Print): _____

Address: _____ City, State, Zip: _____

Phone: _____

