## For Fax Transmittal to Patient's Choice of Pharmacy or Healthway at 989-791-4603

## **Healthway Compounding Pharmacy**

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

Patient:	Date:	
Address:		
Home Phone: ()		
	prescription written for each individual patient.	Medication will be dispensed with patient
specific label and in patient specific pa	_	_
Freq	quently Prescribed Veterinary Co	ompounds
Aluminum hydroxide:	Doxycycline:	Phenylpropanolamine:
☐ Oral Suspensionmg/mL	☐ Oral Suspensionmg/mL	☐ Capsulemg
&		
Amitriptyline:	Enrofloxacin:	Potassium Bromide:
☐ Oral Suspensionmg/mL	☐ Chewable Treat	☐ Oral Solutionmg/mL
☐ Transdermalmg/0.1mL	☐ Oral Suspensionmg/mL	Draduiaalana
		Prednisolone:
Calcitriol:	Fluoxetine:	☐ Transdermalmg/0.1mL
☐ Oral Suspensionmg/mL	☐ Transdermalmg/0.1mL	☐ Oral Suspensionmg/mL
a	Harris and the	Prednisone:
Cisapride:	Itraconazole:	☐ Oral Suspensionmg/mL
☐ Oral Suspensionmg/mL	☐ Oral suspensionmg/mL	-
☐ Capsulemg	Methimazole:	PZI:
Cyclosporino	☐ Chewable Treat	☐ 40 u/mL insulin injection
Cyclosporine:   Ophthalmic solution 1%	☐ Transdermalmg/0.1mL	Tacrolimus:
☐ Ophthalmic solution 2%	☐ Oil Suspensionmg/mL	Eye drop 0.02%
Opinianine solution 270		<b>=</b> 2ye diop 0.02%
	Metronidazole:	
	☐ Capsule	Other:
	☐ Oral Suspensionmg/mL	
		D (D)
Flavors:   Beef   Chi	cken	Peanut Butter
		_
mount to Dispense:		Refills
G		
escriber Signature:		ACCREDITED COMPONE
escriber Name (Print):		Comparating Pharmacy 300
ldress:		

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

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