

**Healthway Compounding Pharmacy**

2544 McLeod Dr. N. • Saginaw, MI 48604

Ph: 989-791-1691 • Fax 989-791-4603

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

Address \_\_\_\_\_ City/St./Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alt. Phone: (\_\_\_\_) \_\_\_\_\_

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

**Most Frequently Prescribed Compounds for Women's Health**

**Anal Fissure Cream**

Misoprostol .002%, Nitroglycerin 0.2%, Phenytoin 2%  
Apply a pea-size amount BID. Do not use if pregnant.  
Dispense 30gm

**Hemorrhoids**

I/O Suppository (Rectal Rocket) Hydrocortisone 2%  
Lidocaine 1% Qty. 6. Sig: Insert 1 suppository rectally  
at bedtime for 6 nights.

Hydrocortisone 2.5%, Ketoprofen 10%, Lidocaine 4%  
cream Sig: Apply pea size amount BID-TID.  
Dispense 30gm

Post-hemorrhoidectomy: Metronidazole 10% cream  
Sig: Apply a pea size amount to surgical area  
TID prn. Dispense 30gm

**Lichen Planus**

Hydrocortisone 50mg vaginal suppository and  
Tacrolimus 2mg vaginal suppository  
Sig: Alternate with 1 HS for 14 days. Dispense: 14

**Vaginal Infection**

Boric Acid 600mg vaginal suppositories Sig: Insert  
one suppository intravaginally at bedtime. Dispense: 30

**Vulvodynia**

Amitriptyline 2%, Baclofen 2%  
Sig: Apply 1/2ml BID-TID. Dispense 30gm

**Vaginal Atrophy**

Estriol 0.25mg/gm Sig: Insert 2 gm hs for two weeks,  
then 3 times weekly for two weeks, then 1 gm 3 times weekly  
as needed. Dispense 30gm

**Orgasmic Dysfunction**

Viafem Aminophylline 3%, Arginine 6%,  
Ergoloid Mesylates 0.05%, Nitroglycerin 1% and Pentoxifylline 5%.  
Sig: Apply 1/2 ml to clitoris 1 hr. before intercourse.  
Dispense 15ml

**Bio-Identical Option for HRT**

BiEst 0.1mg (Estriol 0.08mg +Estradiol 0.02mg),  
Progesterone 25mg, Testosterone 1mg/ml. Sig: 1 ml qd to upper inner  
arm. Rub in well and wash hands thoroughly.  
Dispense: 30 (thirty) ml **Consults and more formulations available.**

**Migraines**

Caffeine 100mg/Ergotamine 2mg rectal suppositories Sig: 1 pr at on-  
set of headache. Repeat in 30-60 minutes prn. Do not exceed 3 in 24 hrs.  
Dispense: 60 30

Isometheptine 65mg capsules Sig: 2 po at onset of headache. Repeat  
1 po q1h prn, up to 5 per 24 hrs.  
Dispense: 60 30

**Migraine Prevention**– PrevMigra Magnesium Oxide 75mg, Magne-  
sium, Citrate 75mg, Riboflavin 200mg, Calcium Citrate 50mg capsules, 1  
po BID Dispense: 60 30

**Preterm Labor**

Progesterone 200mg vaginal suppositories Sig: 1 pv hs.  
Dispense: 30

Progesterone 200mg Troches(F991). Sig: Dissolve 1 troche between  
cheek and gum daily. Dispense: 30

**Lactation**

Sore nipples: Newman's Nipple Cream  
Betamethasone 0.025%, Clotrimazole 0.25%, Mupirocin  
0.5%, Nystatin 0.4%. Sig: Apply sparingly after each feeding  
up to qid. Dispense: 90 60 30

**Reflux**

Reflux Nutritional formula: Melatonin 6mg, Methylcobalamin  
50mcg, Methionine 100mg, Pyridoxine 25mg, Betaine HCl 100mg,  
Folic Acid 10mg, Tryptophan 200mg. Sig: Take 1 po hs.  
Dispense: 30 100

**Other** \_\_\_\_\_

Refills \_\_\_\_\_ Dispense Other \_\_\_\_\_ Dispense (written) \_\_\_\_\_

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

Prescriber Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_



**Fax completed form to Healthway Compounding Pharmacy 989-791-4603**

## Healthway Compounding Pharmacy

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Address \_\_\_\_\_ City/St./Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alt. 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.

### Frequently Prescribed Bio-Identical Option for HRT

- BiEst 0.1mg (Estriol 0.08mg +Estradiol 0.02mg), Progesterone 25mg, Testosterone 1mg/ml. (F13594)

Dispense:  30ml (thirty)  Other \_\_\_\_\_ Other (written) \_\_\_\_\_

Sig: Apply 1 ml daily to upper inner arm. Rub in well and wash hands thoroughly.

- Other \_\_\_\_\_

**Consults and customized formulations available.**

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

Prescriber Name (print): \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_



Fax completed form to Patient's choice of pharmacy or Healthway Compounding Pharmacy 989-791-4603  
2544 McLeod Dr. N. • Saginaw, MI. 48604

