

# Healthway Compounding Pharmacy

2544 McLeod Dr., N. Saginaw, MI 48604

989.791.1691 Fax: 989.791.4603

www.healthwayrx.com

## How to Write for Compounded Prescriptions

**R<sub>x</sub>** Patient: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/St/Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Allergies: \_\_\_\_\_

### Compounded Medication

(Please indicate it's a compounded prescription)

Generic name of active ingredient(s) / Strength or Dose (i.e. % or mg)

\_\_\_\_\_

Dosage Form (i.e., Transdermal, suppository, capsule, troche)

\_\_\_\_\_

Quantity \_\_\_\_\_

Refills \_\_\_\_\_

SIG

Please contact our pharmacy for specific questions regarding formulations. 1-866-883-8868 (toll free)

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

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

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

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

Fax completed form to Healthway Compounding Pharmacy at 989-791-4603.

