

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

Rx 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.

