

Healthway Compounding Pharmacy
2544 McLeod Dr. N. Ste. 2
Saginaw, MI. 48604

Phone: 989-791-1691 • Fax: 989-791-4603

Date _____ DOB _____

Patient: _____

Address _____

City/St./Zip _____

Home Phone: _____ Alt. Phone: _____

Allergies: _____

All compounds for clinical use require a prescription written for each individual patient.

Medication will be dispensed with patient specific label and in patient specific package.

AMORAY cream

☐ **Multi-Pack— three 2.5gm each**

#1 Green: Arginine HCl/Diltazem/Ergoloid/Pentoxifylline/Sildenafil/Theophylline
6/4/0.05/5/2/3%

#2 Blue: Arginine HCl/Ergoloid/Oxytocin/Sildenafil/Theophylline
6%/0.05%/20units/2%/3%

#3 Red: Arginine HCl/Niacin/Oxytocin/Papaverine 6%/2%/20units/5%

Sig: Apply 1-3 pumps (0.15-0.45ml) to clitoris 15-30 minutes prior to intercourse

Quantity 7.5g

Follow up Prescription: I authorize prescription of patient choice:

☐ Yes ☐ No

Quantity _____ Refills: _____

For Fax Transmittal Only to Patient's Choice of Pharmacy or to Healthway Compounding Pharmacy

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Prescriber Name: _____

Prescriber Signature _____

Phone number: _____

