

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

Healthway Compounding Pharmacy
2544 Mcleod Dr N Ste #2
Saginaw, MI 48604
Phone 989-791-1691 Fax 989-791-4603

Patient: _____ DOB _____ Date _____

Address _____ City/St./Zip _____

Home 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.

Dental Prescription Compounds 1 of 2

Pain Formulations

- TMJ Formulation: Potassium Salts Complex 18%/Ketoprofen 2% in Dmsol lotion
Apply 1/4 ml to each side of jaw bid.
- Cyclobenzaprine 2%/Ketoprofen 20% Cream 60ml 120ml
- Amitriptyline 2%/Baclofen 2%/Cyclobenzaprine 2%/Diclofenac 3%/Lidocaine 5% in transdermal base
 60ml 120ml Sig: apply up to 1ml QID

Burning Mouth Syndrome

- Lipoic Acid Supreme capsules (Oral Alpha lipoic Acid)
Take 300mg-900mg by mouth daily, no interactions with medications.
- Low Dose Naltrexone capsule 1.5mg 3mg 4.5mg
Take 1.5 mg HS for 30 days, 3 mg HS for 30 days, then 4.5 mg HS for 30 days.
- Amitriptyline 5mg/Baclofen 5mg/Gabapentin 50mg in Oral Lozenge
 60 120 Sig: Use 1 troche dissolved in mouth up to QID.

Mucositis

- Oral Rinse #5 (Nystatin 0.22%/Doxycycline 0.4%/Triamcinolone 0.1%/Chlorpheniramine 0.02%/
Deoxy-D-Glucose 0.1% for aphthous ulcers) 120ml
Sig: Hold 5-10 ml in mouth for 3 mins & spit out up to 4 times daily. No food/drink for 1/2 hour.

Please note: Lidocaine may be added. For pediatric patients, please ask us to remove Doxycycline.

- 1% 2% **Sugar-free, dye-free, and hypo-allergenic formulas available upon request.**
- Ketamine oral rinse** 10mg/5ml 20mg/5ml _____
Sig: Swish 5ml by mouth every 4 hours as needed for pain
 60ml 120ml 300ml _____

Refills _____ Prescriber Name Print: _____
Prescriber Phone: _____ Prescriber Signature: _____
Prescriber DEA: _____



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Dental Prescription Compounds 2 of 2

Topical Anesthetics

Tetracaine 4%/Phenylephrine 2%/Lidocaine 20% gel 5ml 10ml

Lidocaine 10%/Prilocaine 10%/Tetracaine 4% gel 5ml 10ml

Lidocaine 10%/Prilocaine 10%/Tetracaine 4% gel 5ml 10ml

Gag Reflex

Electrolyte Troches Qty: 30 SIG: Dissolve 1 troche in mouth as needed

Tetracaine Sucker 0.5% Grape Green Apple Orange Cherry

Qty: _____ SIG: Place lollipop in mouth for 10-15 seconds only. Medication takes 1-2 minutes to start working.

Dry Mouth

Electrolyte Troches Qty 30 SIG: Dissolve 1 troche in mouth as needed

Artificial saliva (Xero Spray Mint Flavor) SIG: Spray in mouth as needed 120ml

Additional Compounds

Oxytetracycline HCL 0.5%/HC suspension 1.5%

Deoy DG2 0.2% cream for cold sores Qty 10grams SIG: Apply 5 times daily

Dry Socket formulations (call for suggestions)

Nicotine Lollipop 2mg 10mg (call for flavors) Qty 5 SIG: Place lollipop in mouth until urge smoke passes then place back into container, use prn.

Lidocaine 4% mucosal bandage SIG: puff onto painful mouth ulcer up to 4 times daily

Acyclovir 6%/2DDG 0.2% cream SIG: Apply 5 times daily Refills _____

Other: _____

Sugar-free, dye-free, and hypo-allergenic formulas available upon request



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Refills _____

Prescriber Name Print: _____

Prescriber Phone: _____

Prescriber Signature: _____