

**Healthway Compounding Pharmacy**

Phone: 989-791-1691 • Fax 989-791-4603 • 2544 McLeod Dr. Saginaw, MI 48604

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

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

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

Allergies: \_\_\_\_\_

All compounds for clinic use require a prescription written for each individual patient. Medication will be dispensed with patient specific label and in patient specific package.

**Commonly Prescribed Compounds for Dermatology page 1 of 5**

\*This is not an all encompassing list; Commonly prescribed options\*

**Acne-Topical**

Professional Acne Formula (F98485)Azelaic 17%/Clindamycin 2%/Niacinamide 4%/Tretinoin 0.03%

SIG: Apply a thin layer once daily

Dispense  30  60

Clindamycin 1%/Benzoyl Peroxide 5% Topical Cream

Clindamycin 1%/Niacinamide 4%/Tretinoin 0.025%

SIG: Apply a thin layer once daily

Dispense  30  60

**Psoriasis-Topical**

Clobetasol Propionate 0.05% in Dermazinc solution

Clobetasol Propionate 0.05%/LCD 0.5% in Dermazinc

LCD 10% Shampoo

Montelukast 1%/Ketotifen 0.05% Topical Cream

SIG: Apply to affected area(s) twice daily

Dispense  30  60

**Eczema Flare/Flare-up Topical**

Betamethasone 0.008%/Mupirocin 0.015%  
(preferred <12yo)

Betamethasone 0.016%/Mupirocin 0.015%  
(preferred 12yo+)

Triamcinolone 0.025% in CeraVe

SIG: Apply a thin layer once/twice daily

Dispense  30  60  240

Sig: Apply to affected area(s) 5 time daily for 1 week, then Apply to affected area(s) 4 time daily for 1 week, then Apply to affected area(s) 3 time daily for 1 week, Apply to affected area(s) 2 time daily for 1 week, then daily repeat if flair up.

Dispense  60  240  454

**Rosacea-Topical**

Azelaic Acid 15%/Ivermectin 1%/Metronidazole 1%

Ketotifen 0.05% Topical Cream

Oxymetazoline 0.06%/Ivermectin 1%

SIG: Apply a thin layer once daily

Dispense  30  60

Refills \_\_\_\_\_ Dispense \_\_\_\_\_

Sig: \_\_\_\_\_

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

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**Commonly Prescribed Compounds for Dermatology page 2 of 5**

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**Hyperhidrosis**

- Aluminum Chloride 25% in Roll-On applicator**  
(Isopropyl Alcohol Base 70%) \_\_\_\_\_ 60ml
- Aluminum Chloride 25%/Glycopyrrolate 0.5% in Roll-On Applicator**  
(Ethyl Alcohol with 0.1% Tea Tree Oil base)
- Atropine**  0.25%  0.5% in Roll-On Applicator
- Glycopyrrolate**  0.5%  1% in Roll-On Applicator

**QTY:**

- 30ml  60ml  90ml  \_\_\_\_\_

Dispense \_\_\_\_\_ Refills \_\_\_\_\_

Sig: \_\_\_\_\_

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



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**Commonly Prescribed Compounds for Dermatology page 3 of 5**

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**Lightening Cream**

**Fluocinolone 0.01%/Hydroquinone 6%/Tretinoin 0.05% (f:11553)**

**Hydrocortisone 2.5%/Hydroquinone 6%/Tretinoin 0.05% (f:95558)**

**Hydrocortisone 0.5%/Hydroquinone 8%/Tretinoin 0.05% (f:98819)**

**Hydrocortisone:** \_\_\_\_\_ 0.5% \_\_\_\_\_ 1% \_\_\_\_\_ 2%

**Hydroquinone:** \_\_\_\_\_ 4% \_\_\_\_\_ 6% \_\_\_\_\_ 8% \_\_\_\_\_ 10% (max)

**Kojic Acid:** \_\_\_\_\_ 6% \_\_\_\_\_ %

**Tretinoin:** \_\_\_\_\_ 0.025% \_\_\_\_\_ 0.05% \_\_\_\_\_ 0.1%

Dispense \_\_\_\_\_ Refills \_\_\_\_\_

Sig: \_\_\_\_\_

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



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**Commonly Prescribed Compounds for Dermatology page 4 of 5**

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**Hair Loss**

- Mens Hair Growth: Finasteride 0.1%/Minoxidil 6%/Retinoic Acid 0.025 (f:3612)**
- Womens Hair Growth: Azelaic Acid 5%/Minoxidil 5%/Retinoic Acid 0.025% (f:3688)**
  
- : **Finasteride** \_\_\_\_\_ 0.1% \_\_\_\_\_ %
- : **Melatonin** \_\_\_\_\_ 0.003% \_\_\_\_\_ %
- : **Minoxidil** \_\_\_\_\_ 1% \_\_\_\_\_ 2% \_\_\_\_\_ 5% \_\_\_\_\_ %
- : **Spirolactone** \_\_\_\_\_ 1% \_\_\_\_\_ %
- : **Topical T-3 (liothyronine)** \_\_\_\_\_ 0.05% \_\_\_\_\_ 0.1% \_\_\_\_\_ %

Dispense \_\_\_\_\_ Refills \_\_\_\_\_

Sig: \_\_\_\_\_

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**Commonly Prescribed Compounds for Dermatology page 5 of 5**

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**Scars**

- Aloe vera 0.5%/Naltrexone 1%/Topiramate 2.5% in Pracasil (f:99861)**
- Clindamycin 1%/Niacinamide 4%/Tretinoin 0.025%**
- PracasilPlus Base (can be used alone)**
  
- Aloe** \_\_\_\_\_ 0.5% \_\_\_\_\_ 1% \_\_\_\_\_ %
- Naltrexone** \_\_\_\_\_ 1% \_\_\_\_\_ %
- Pramoxine** \_\_\_\_\_ 1% \_\_\_\_\_ %
- Topiramate** \_\_\_\_\_ 2.5% \_\_\_\_\_ %

Dispense \_\_\_\_\_ Refills \_\_\_\_\_

Sig: \_\_\_\_\_

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