### **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 e label and in patient specific package.	each individual patient. Medication will be dispensed with patient speci
Commonly Prescribed Compou	unds for Dermatology page 1 of 5
Acne-Topical	Eczema Flare/Flare-up 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%	□ Betamethasone 0.008%/Mupiriocin 0.015% (preferred <12yo) □ Betamethasone 0.016%/Mupiriocin 0.015% (preferred 12yo+) □ Triamcinolone 0.025% in CeraVe □ SIG: Apply a thin layer once/twice daily Dispense □ 30 □ 60 □ 240
SIG: Apply a thin layer once daily Dispense  30 60  Psoriasis-Topical	☐ 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.
☐ Clobetasol Propionate 0.05% in Dermazinc solution	<b>Dispense</b> □ 60 □ 240 □ 454
☐ Clobetasol Propionate 0.05%/LCD 0.5% in Dermazinc ☐ LCD 10% Shampoo	Rosacea-Topical  Azelaic Acid 15%/Ivermectin 1%/Metronidazole 1%
☐ Montelukast 1%/Ketotifen 0.05% Topical Cream	☐ Ketotifen 0.05% Topical Cream
SIG: Apply to affected area(s) twice daily  Dispense □ 30 □ 60	Oxymetazoline 0.06%/Ivermectin 1%
	SIG: Apply a thin layer once daily  Dispense □ 30 □ 60
Refills Dispense Sig: Prescriber Signature:	HEALTHWAY COMPONING PHARMACY 335

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Allergies:							
All compounds for clinic use require a prescription velabel and in patient specific package.	vritten for each individual patien	t. Medication will be	e dispensed with patient specific				
Commonly Prescri	bed Compounds for Derm	atology page 2 o	f 5				
	Hyperhidrosis						
☐ Aluminum Chloride 25% in Roll-On app	licator						
(Isopropyl Alcohol Base 70%)6	0ml						
☐ Aluminum Chloride25%/Glycopyrrolate	Aluminum Chloride25%/Glycopyrrolate 0.5% in Roll-On Applicator						
(Ethyl Alcohol with 0.1% Tea Tree Oil b	ase)						
☐ Atropine ☐ 0.25% ☐ 0.5% in Roll-	-On Applicator						
☐ Glycopyrrolate ☐ 0.5% ☐ 1% in R	oll-On Applicator						
QTY:							
□ 30ml □ 60ml □ 90ml	o						
Dispense Refills							
Sig:			HEALTHWAY COMPOUNDING PHARMACY				
			35 years				

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Prescriber Signature:

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DOB

Date

Patient:

Address		City/St./Zip			
Home Phone: ()		Alt. Phone:	()		
Allergies:					
All compounds for clinic us label and in patient specific	e require a prescription written package.	for each individual p	atient. Medication	will be dispensed with patien	t specific
	Commonly Prescribed C	ompounds for De	ermatology pa	ge 3 of 5	
	L	ightening Cream			
☐ Fluocinolone 0.01%	6/Hydroquinone 4%/Treti	noin 0.05% (f:128	311)		
☐ Hydrocortisone 2.5	%/Hydroquinone 6%/Tre	tinoin 0.05% (f:95	5558)		
☐ Hydrocortisone 0.5	%/Hydroquinone 8%/Tre	tinoin 0.05% (f:98	3819)		
☐ Hydrocortisone:	0.5%	1%	2%		
☐ Hydroquinone:	4%	6%	8%	10% (max)	
☐ Kojic Acid:	6%	%			
☐ Tretinoin:	0.025%	0.05%	0.1%		
☐ <b>Sunscreen:</b> (Octinol 5	%/Oxybenezone 5%)	yes	no		
Dispense	Refills				
Sig:					
Prescriber Signature	:				ALTHWAY POUNDING RRMACY 3.5

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Patient:

DOB

Date

Addı	ress		City/St./Zi	p		
Hom	e Phone: ()		Alt. Phone	e: ()		
Aller	gies:					
	compounds for clinic u	se require a prescription wr	itten for each individual	patient. Medication	will be dispense	ed with patient specific
		Commonly Prescrib	ed Compounds for <b>D</b>	Dermatology pag	ge 4 of 5	
			Hair Loss			
	Finasteride0.1%/	Minoxidil 5% (f:99144)				
	Finasteride 0.1%/	Minoxidil 6%/Retinoid	: Acid 0.025% (f:361	.2)		
<b>-</b> :	Finasteride _	0.1%	%			
<b>-</b> :	Melatonin	0.003%	%			
□:	Minoxidil	1%	2%	5%	%	
<b>□</b> :	Spironolactone	1%	%			
☐: Topical T-3 (liothyronine)		0.05%	0.1%	%		
Disp	ense	Refills				
Sig:						
		e:				HEALTHWAY COMPOUNDING PHARMACY 35 Years

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Allerg	ies:				
	ompounds for clinic uand in patient specific		otion written for	r each individual patient. Medication will be dispensed with patient sp	pecific
		Commonly Pr	escribed Com	mpounds for Dermatology page 5 of 5	
				Scars	
	Aloe vera 0.5%,	/Naltrexone 1%/	Topiramate 2	2.5% in Pracasil (f:99861)	
	Clindamycin 1%	S/Niacinamide 49	%/Tretinoin 0	0.025%	
<b>-</b> :	Pracasil Base (c	an be used alone	2)		
□:	Aloe	0.5%	1%	%	
□:	Naltrexone	1%	%		
□:	Pramoxine	1%	%		
<b>-</b> :	Topiramate	2.5%	%		
_	nse				
Pres	criber Signature	e:		HEALTHY COMPOUND 35 years	DING

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