For Fax Transmittal to Patient's Preferred	Compounding Pharmacy or Healthway Con	npounding Pharmacy 989-791-4603					
	35     Phone 989-791-1691 • Fax 989-791-4603						
Comparison Plannacy Patient	DOB	DATE					
Address	City/State/Zip						
Home Phone	Allergies						
<ul> <li>All compounds for clinical use require a prespecific label and in patient specific package</li> <li>Sinus Rinse</li> <li>□ Tobramycin (10mg)/Vancomycin (20mg)/</li> </ul>		ication will be dispensed with patient					
<ul> <li>Tobramycin (10mg)/Betamethasone (0.5m</li> <li>Vancomycin (20mg)/Betamethasone (0.5m</li> <li>Disp: 30 capsules 60 capsules 50</li> <li>Sig: Empty contents of 1 capsule into 120ml Net</li> <li>Irrigate each nostril with 60ml of medicated sol</li> </ul>	ng) capsule — eilMed® bottle.	And					
<b>Otic Powders for Insufflation</b>							
Amphoteracin B 0.15 gm/Hydrocortisone 0.0	015gm/Mupirocin 0.1gm/Sulfacetamide 1.5gm						
□ Hydrocortisone 0.03/Gentamycin Sulfate 1.5	igm/ Boric Acid 1.5 gm/Fluconazole 0.2gm						
<b>Disp:</b> 1 unit (5gms in accordion puffer	r) □other						

Sig: Use 2-3 puffs in ear bid as needed

## **Throat Preparations**

□ Tetracaine Lollipops 0.5% Flavors: □ Orange □ Raspberry □ Grape

**Disp:** □ 2 □ 5 □ 10 □ \_\_\_\_

Sig: Wet mouth by taking a sip of water. Place lollipop in mouth for 10 to 15 seconds, then stop. The lollipop may be moved around the mouth to achieve maximum results. Repeated as needed every 2-3 hrs. or as directed by the physician. Do not consume the entire lollipop at one time.

## <u>Reflux</u>

□ Reflux Nutritional formula: (13088) Melatonin 6mg/Methylcobalamin 50mcg/Methionine 100mg/Pyridoxine 25mg/ Betaine HCI 100mg/Folic Acid 10mg/Tryptophan 200mg Capsule

**Disp:** □30 □100 □other\_\_\_\_ **Sig:** Take 1 po hs

## **Tinnitus Relief**

□ Oxytocin Nasal Spray 5 units/0.1 ml (per spray)

Sig: Instill 1 spray into into 1 nostril up to four times daily

	<b>Disp:</b> □10ml	□15ml		□30ml	
🗖 Betah	istine capsules	<b>□</b> 8mg		□16mg	□
	Sig: Take 1 capsule by mou	th		Once daily	Twice daily
	<b>Disp:</b> □30caps	□60caps	5	□	
Refills_					
Prescrib	er Signature			······	

Prescriber Name (printed)\_

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