



Healthway Compounding Pharmacy
 2544 McLeod Dr. N. • Saginaw, MI. 48604
 Phone 989-791-1691 • Fax 989-791-4603

Patient _____ DOB _____ DATE _____

Address _____ City/State/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.

Sinus Rinse

- Tobramycin (10mg)/Vancomycin (20mg)/ Betamethasone (0.5mg) capsule
- Tobramycin (10mg)/Betamethasone (0.5mg) capsule
- Vancomycin (20mg)/Betamethasone (0.5mg) capsule

Disp: 30 capsules 60 capsules _____

Sig: Empty contents of 1 capsule into 120ml NeilMed® bottle.

Irrigate each nostril with 60ml of medicated solution qd bid for _____ days.



Otic Powders for Insufflation

- Amphotericin B 0.15 gm/Hydrocortisone 0.015gm/Mupirocin 0.1gm/Sulfacetamide 1.5gm
- Hydrocortisone 0.03/Gentamycin Sulfate 1.5gm/ Boric Acid 1.5 gm/Fluconazole 0.2gm

Disp: 1 unit (5gms in accordion puffer) 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.

Reflux

- Reflux Nutritional formula: (13088) Melatonin 6mg/Methylcobalamin 50mcg/Methionine 100mg/Pyridoxine 25mg/ Betaine HCl 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

Disp: 10ml 15ml 30ml

- Betahistine capsules 8mg 16mg _____

Sig: Take 1 capsule by mouth Once daily Twice daily

Disp: 30caps 60caps _____

Refills _____

Prescriber Signature _____

Prescriber Name (printed) _____