

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

Patient: _____ DOB _____ Date _____

Address _____ City/St./Zip _____

Home Phone: (____) _____ Alt. Phone: (____) _____

Allergies: _____

How to Write for Compounded Prescriptions

Compounded Medication (Please indicate that it is a compounded prescription)

- Generic name of active ingredient(s) /strength or dose (i.e. % or mg)

- Dosage Form (i.e. transdermal, suppository, capsule, troche)

Quantity _____

Refills _____

Sig: _____

Please call our pharmacy for specific questions regarding formulations. 1-866-883-8868 (toll free)

Prescriber Signature _____

Prescriber Name (written) _____

Address _____ City/State/Zip _____

Phone _____

Fax Completed Form to Patient's Choice of Pharmacy or Healthway 989-791-4603
2544 McLeod Dr. N. • Saginaw MI. 48604 • 989-791-1691