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

· · · ·	ease indicate that it is a compounded prescription)	
• Generic name of active ingre	dient(s) /strength or dose (i.e. % or mg)	
• Dosage Form (i.e. transderm	l, suppository, capsule, troche)	
Quantity		
Refills		
Si~.		
Sig:		
<i>Please call our pharmacy</i> escriber Signature	or specific questions regarding formulations. 1-866-883-8	
<i>Please call our pharmacy</i> escriber Signature	or specific questions regarding formulations. 1-866-883-8	868 (toll free)

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