

Healthway Compounding Pharmacy

2544 Mcleod Drive North • Saginaw, MI. 48604 • PH. 989-791-1691 • Fax: 989-791-4603

Patient: _____ DOB _____ Date _____

Address _____ City/St./Zip _____

Home Phone: (____) _____ Allergies: _____

All compounds for clinical use require a written prescription for each individual patient. Medication will be dispensed in patient specific package and with patient specific label.

Non-Opioid Pain Management + Hydroxychloroquine

ABC CREAM BASED Pain Formula
Amitriptyline 2%/Baclofen 2%/Cyclobenzaprine
2% Diclofenac 3%/Lidocaine 5%/ In transdermal base.
 120ml 60ml Other _____
Dispense (in 5ml syringes)

ABC ROLL-ON LIQUID Pain Formula
Amantadine 2%/Bupivacaine 0.5% /Cyclobenzaprine
1% /Ketoprofen 10%/Dextromethorphan 1%.
In Cutter's solution.
Dispense (in roll on applicator)
 90ml 60ml Other _____

Ketoprofen 10%/Lidocaine 5% Cream
Sig: Apply a pea size amount (1gm) to affected areas QID
 60gm 30gm Other _____ (tube)

Lidocaine 10% Cream (topical)
Sig: Apply a pea size amount (1gm) to affected areas QID
 60gm 30gm Other _____ (tube)

Hydroxychloroquine Sulfate USP oral capsules
Sig: _____
 200 mg _____ Qty _____

Low Dose Naltrexone Oral Capsules
 1.5mg 3mg 4.5mg
Dispense : 30 60 90 _____
Sig: Take one capsule orally at bedtime or _____

Reportable (MAPS) Non-Opioid

Ketoprofen 10%/Lidocaine 10%/Gabapentin 6%
Dispense (in 5 ml syringes)
 90ml 60ml 30ml Other _____

Ketamine 5%/Ketoprofen 10%/Lidocaine 5% Cream
Sig: Apply a pea size amount (1gm) to affected areas QID
 60gm 30gm Other _____ (tube)

Other _____

Sig: Apply 1/2-1 ml q 2 hours to dermatome of painful area until pain is relieved then TID-QID PRN. Pharmacist to counsel before start of therapy.

Prescriber Signature _____

Prescriber Name (Printed) _____

Phone number _____ Refills _____



Fax completed form to patients choice of pharmacy or Healthway 989-791-4603

2544 McLeod Dr. N. • Saginaw MI. 48604 • 989-791-1691