For Fax Transmittal to patient's Choice of Pharmacy or Healthway Compounding Pharmacy 989-791-4603

Healthway Compounding Pharmacy

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

| Patient: | DOB Date |
|--|--|
| Address City/St./Z | ip |
| Home Phone: () Allerg | ies: |
| All compounds for clinical use require a written prescription for each in package and with patient specific label. Non-Opioid Pai *This is not an all encompassing list. | n Management |
| □ ABC CREAM BASED Pain Formula | ☐ Ketoprofen 10%/Lidocaine 5% Cream |
| Amitriptyline 2%/Baclofen 2%/Cyclobenzaprine 2% Diclofenac 3%/Lidocaine 5%/ In transdermal base. | Sig: Apply a pea size amount (1gm) to affected areas QID □ 60gm □ 30gm □ Other(tube) |
| □ 120ml □ 60ml □ Other | |
| Dispense (in 5ml syringes) | □Gabapentin 6%/Ketoprofen10%/Lidocaine 10% |
| | □ 90ml □ 60ml □ 30ml □ Other |
| □ ABC ROLL-ON LIQUID Pain Formula Amantadine 2%/Bupivacaine 0.5% /Cyclobenzaprine 1% /Ketoprofen 10%/Dextromethorphan 1%. In Cutter's solution. | ☐ Low Dose Naltrexone Oral Capsules ☐ 1.5mg ☐ 3mg ☐ 4.5mg Dispense : ☐ 30 ☐ 60 ☐ 90 ☐ |
| Dispense (in roll on applicator) | Sig: ☐ Take one capsule orally at bedtime or |
| □ 90ml □ 60ml □ Other | |
| ☐ Diclofenac 3%/Lidocaine 2% In Cutter's solution. | Reportable (MAPS) Non-Opioid |
| Dispense (in roll on applicator) □ 90ml □ 60ml □ Other | ☐ Ketamine 5% /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) | □ Other |
| Sig: Apply 1/2-1 ml a 2 hours to dermatome of painful area i | until pain is relieved then TID-QID PRN. Pharmacist to coun- |
| sel before start of therapy. | (= |
| Prescriber Signature | |
| Prescriber Name (Printed) | HEALTHWAY COMPOUNDING: |
| Prescriber Name (Printed) | Tills |
| | Recredited* |

Fax completed form to patients choice of pharmacy or Healthway 989-791-4603 2544 McLeod Dr. N. • Saginaw MI. 48604 • 989-791-1691

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