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./Zip	
	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 *This is not an all encompassing list; Commonly prescribed options*			
		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%		
	\Box 90ml \Box 60ml \Box 30ml \Box 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		
\Box 90ml \Box 60ml \Box Other			
□ Diclofenac 3%/Lidocaine 2% In Cutter's solution.	Reportable (MAPS) Non-Opioid		
Dispense (in roll on applicator)	□ Ketamine 5%/Ketoprofen 10%/Lidocaine 5% Cream Sig: Apply a pea size amount (1gm) to affected areas QID		
□ 90ml □ 60ml □ Other	\Box 60gm \Box 30gm \Box 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 q 2 hours to dermatome of painful area sel before start of therapy.	until pain is relieved then TID-QID PRN. Pharmacist to coun-		
Prescriber Signature			

Refills



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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