

Healthway Compounding Pharmacy

2544 McLeod Dr N. Ste #2

Saginaw, MI 48604

Phone 989-791-1691 Fax 989-791-4603



Patient: _____ DOB _____ Date _____

Address _____ City/St./Zip _____

Home Phone: (____) _____ Allergies: _____

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

Most Frequently Prescribed Compounds for Pediatrics 1 of 3

Acne

Professional Acne Formula
Azelaic Acid 17%/Benzoyl Peroxide 5%/Clindamycin 2%/Retinoic Acid 0.03% cream
Sig: Apply to affected areas QD
 30 gm _____ gm

Anal Fissure

Misoprostol 0.002%/Nitroglycerin 0.2%/Lidocaine 1%/Phenytoin 2% cream
 Diltiazem 2%/Lidocaine 4% cream
Sig: Apply a pea size amount (1gm) BID to affected area
 30 gm

Chronic Otitis

Boric Acid 1.5gm/Fluconazole 0.2gm/Gentamycin Sulf 1.5gm/Hydrocortisone 0.03gm Powder
Sig: Use 1-2 puffs in affected ear twice daily
 5 gm

Eczema/Psoriasis

Betamethasone Valerate 0.008%/Mupirocin 0.15%
Sig: Apply 5 times a day x 1 week, QID x 1 week, TID x 1 week, then BID PRN
 Good in Vanicream Best in Xematop
 120 gm 454 gm _____ gm

Eczema/Psoriasis (cont)

Clobetasol 0.05%/Dermazine Spray (Applicator tip & Spray)
Sig: Spray onto affected area BID
 120 ml 240 ml

Triamcinolone 0.1%/Urea 10%/Lactic Acid 5%/Coal tar 3% cream
Sig: Apply to affected area BID
 120 ml 240 ml

Female/ Itch

Clobetasol 0.05%/Pramoxine 1%/Diphenhydramine 2%
 Doxepin 5%/Naltrexone 1%
 Cyclosporin 2%/Cromolyn NA 4%
 ointment water washable base
Sig: Apply a pea size amount to affected areas BID and PRN
 30 gm 60 gm _____ gm

Female/ Labia Adhesions

Estriol 0.25mg/gm vaginal cream
 Estradiol 0.1mg/ Progesterone 10mg/gm vaginal cream
Sig: Apply a pea size amount 3 times weekly as needed
 30 gm 60 gm

Refills _____ Prescriber Signature: _____

Prescriber Name:(print) _____ Phone: _____

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

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Most Frequently Prescribed Compounds for Pediatrics 2 of 3

Female /Pain

Amantadine 2%/Diphenhydramine 5%/Loperamide 5%

Amitriptyline 2%/Baclofen 2%

Gabapentin 6%/Ketamine 5%/Lidocaine 2%

ointment water washable base

Sig: Apply 0.5ml to vulva QID for 2 days then BID

30 gm 60 gm _____ gm

Headache

Isometheptene mucate 65 mg capsule

Sig: Take 2 PO at onset of headache. Repeat q 1 hr prn up to 5 per 24 hours

60

Premigra (Mg 30mg/Vit B2 400mg/Ca 10mg/feverfew) cap

Sig: Take 1 PO BID

60

Hemorrhoids

I/O suppository (Lidocaine 1%/Hydrocortisone 2%)

Sig: Insert 1 suppository rectally at HS for 6 nights

6

Hydrocortisone 2.5%/Lidocaine 5% cream

Sig: Apply a pea size amount BID

30 gm

Lactation

Sore nipples: Newman's Nipple Cream

(Betamethasone 0.025%, Clotrimazole 0.25%, Mupirocin 0.5%, Nystatin 0.4%.)

Sig: Apply sparingly after each feeding up to qid.

30 gm 60 gm _____ gm

Pain Topical

ABC Pain Formula-Cream Based

Amitriptyline 2%/Baclofen 2%/Cyclobenzaprine 2%/ Diclofenac 3%/Lidocaine 5% in transdermal base

Sig: Apply to 1ml q 2 hrs to dermatome of painful area until pain relieved then TID-QID PRN

60 ml 90 ml _____ ml

ABC Pain Formula-Roll On

Amantadine 2%/Bupivacaine 0.5%/Cyclobenzaprine 1%/ Ketoprofen 10%/Dextromethorphan 1% in Cutters Solution

Sig: Roll on q 2 hrs to dermatome of painful area until pain relieved then TID-QID PRN

60 ml 90 ml _____ ml

Low Dose Naltrexone capsules

1.5 mg 3 mg 4.5 mg

Sig: Take 1 capsule PO HS or _____

30 90 _____

Refills _____ Prescriber Signature: _____

Prescriber Name:(print) _____ Phone: _____

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Most Frequently Prescribed Compounds for Pediatrics 3 of 3

Recurrent Vaginosis

Boric Acid 600 mg suppository

Sig: Insert 1 suppository vaginally QD

30

Rosacea-Topical (please choose at least 2 ingredients)

- Azelaic Acid 16% Hydroquinone ____ %
 Salicylic Acid ____ % Sulfacetamide Solutions 10%
 Sulfur 4% Tretinoin 0.03% 0.06%

ointment water washable base

Sig: Apply a pea size amount to affected areas BID and PRN

30 gm 60 gm ____ gm

Other

capsule cream

ointment water washable base

Sig: _____

30 gm 60 gm ____

Sinus Rinse

- Betamethasone Sod Pos 0.5mg/Gentamycin 10 mg capsule
 Fluconazole 40mg/Gentamycin 10mg capsule

Sig: Empty contents of 1 capsule into 120 ml NeilMed bottle
Irrigate each nostril with 60 ml of solution

30 capsule 60 capsule



Stretch Mark & Scar formula

- Serica Scar formula 1 oz
 Serica Stretch Mark formula 1.5 oz

Sig: Apply TID PRN

Refills _____ Prescriber Signature: _____

Prescriber Name:(print) _____ Phone: _____