Healthway Compou	inding Pharmacy
2544 McLeod I	HEALTHWAY
Saginaw, M	II 48604
Phone 989-791-1691	Fax 989-791-4603
Patient:	DOB Date
Address City/St./Z	
Home Phone: () Allerg	
All compounds for clinic use require a prescription written for each individual specific package.	
Acne	Eczema/Psoriasis (cont)
<ul> <li>Professional Acne Formula</li> <li>Azelaic Acid 17%/Benzoyl Peroxide 5%/Clindamycin 2%/ Retinoic Acid 0.03% cream</li> <li>Sig: Apply to affected areas QD</li> </ul>	<ul> <li>Clobetasol 0.05%/Dermazinc Spray (Applicator tip &amp; Spray)</li> <li>Sig: Spray onto affected area BID</li> <li>120 ml 240 ml</li> </ul>
□ 30 gm □ gm <u>Anal Fissure</u>	□ Triamcinolone 0.1%/Urea 10%/Lactic Acid 5%/ Coal tar 3% cream
<ul> <li>Misoprostol 0.002%/Nitroglycerin 0.2%/Lidocaine 1%/ Phenytoin 2% cream</li> <li>Diltiazem 2%/Lidocaine 4% cream Sig: Apply a pea size amount (1gm) BID to affected area</li> <li>30 gm</li> <li>Chronic Otitis</li> <li>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</li> <li>5 gm</li> <li>Eczema/Psoriasis</li> <li>Betamethasone Valerate 0.008%/Mupirocin 0.15% Sig: Apply 5 times a day x 1week, QID x 1week, TID x 1 week, then BID PRN</li> <li>Good in Vanicream Best in Xematop</li> <li>120 gm 454 gm gm</li> </ul>	<ul> <li>Sig: Apply to affected area BID</li> <li>120 ml 240 ml</li> <li>Female/ Itch</li> <li>Clobetasol 0.05%/Pramoxine 1%/Diphenhydramine 2%</li> <li>Doxepin 5%/Naltrexone 1%</li> <li>Cyclosporin 2%/Cromolyn NA 4%</li> <li>ointment □ water washable base</li> <li>Sig: Apply a pea size amount to affected areas BID and PRN</li> <li>30 gm 60 gm gm</li> <li>Female/ Labia Adhesions</li> <li>Estriol 0.25mg/gm vaginal cream</li> <li>Estradiol 0.1mg/ Progesterone 10mg/gm vaginal cream</li> <li>Sig: Apply a pea size amount 3 times weekly as needed</li> <li>30 gm 60 gm</li> </ul>

Refills Prescriber Signature:

Prescriber Name:(print)

Phone:

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For Fax Transmittal to Patient's Choice of Pharmacy or Healthway Compounding Pharmacy 989-791-4603		
Healthway Compou	nding Pharmacy	
2544 McLeod Dr N. Ste #2		
Saginaw, M	I 48604	
Phone 989-791-1691 1	Fax 989-791-4603	
Patient:	DOBDate	
Address City/St./Z	ip	
Iome Phone: ()         Allergies:		
All compounds for clinic use require a prescription written for each individual specific package. Most Frequently Prescribed Co		
Female /Pain	Lactation	
<ul> <li>□ Amantadine 2%/Diphenhydramine 5%/Loperamide 5%</li> <li>□ Amitriptyline 2%/Baclofen 2%</li> <li>□ Gabapentin 6%/Ketamine 5%/Lidocaine 2%</li> </ul>	□ Sore nipples: Newman's Nipple Cream (Betamethasone 0.025%, Clotrimazole 0.25%,	
□ ointment □ water washable base	Mupirocin0.5%, Nystatin 0.4%.)	
Sig: Apply 0.5ml to vulva QID for 2 days then BID	Sig: Apply sparingly after each feeding up to qid.	
□ 30 gm □ 60 gm □ gm	$\Box$ 30 gm $\Box$ 60 gm $\Box$ gm	
Headache	Pain Topical	
<ul> <li>Isometheptene mucate 65 mg capsule</li> <li>Sig: Take 2 PO at onset of headache. Repeat q 1 hr prn up to 5 per 24 hours</li> <li>60</li> </ul>	<ul> <li>ABC Pain Formula-Cream Based</li> <li>Amitriptyline 2%/Baclofen 2%/Cyclobenzaprine 2%/</li> <li>Diclofenac 3%/Lidocaine 5% in transdermal base</li> <li>Sig: Apply to 1ml q 2 hrs to dermatome of painful area until pair</li> <li>relieved then TID-QID PRN</li> </ul>	
□ Prevmigra (Mg 30mg/Vit B2 400mg/Ca 10mg/feverfew) cap	□ 60 ml □ 90 ml □ ml	
Sig: Take 1 PO BID □ 60 <u>Hemorrhoids</u>	□ 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	
□ I/O suppository (Lidocaine 1%/Hydrocortisone 2%)	relieved then TID-QID PRN	
Sig: Insert 1 suppository rectally at HS for 6 nights	□ 60 ml □ 90 ml □ ml	
<ul> <li>6</li> <li>Hydrocortisone 2.5%/Lidocaine 5% cream</li> <li>Sig: Apply a pea size amount BID</li> </ul>	□ Low Dose Naltrexone capsules □ 1.5 mg □ 3 mg □ 4.5 mg Sig: Take 1 capsule PO HS or	
□ 30 gm		

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Saginaw,	MI 48604
Phone 989-791-169	11 Fax 989-791-4603
Patient:	DOB Date
Address City/St.	
Home Phone: ( Alle	
specific package.	ual patient. Medication will be dispensed with patient specific label and patient
	Compounds for Pediatrics 3 of 3
Recurrent Vaginosis	<u>Sinus Rinse</u>
Boric Acid 600 mg suppository	□ Betamethasone Sod Pos 0.5mg/Gentamycin 10 mg capsule □ Fluconazole 40mg/Gentamycin 10mg capsule
Sig: Insert 1 suppository vaginally QD □ 30	Sig: Empty contents of 1 capsule into 120 ml NeilMed bottle Irrigate each nostril with 60 ml of solution
<u>Rosacea-Topical</u> (please choose at least 2 ingredients)	$\Box$ 30 capsule $\Box$ 60 capsule
<ul> <li>□ Azelaic Acid 16% □ Hydroquinone%</li> <li>□ Salicylic Acid% □ Sulfacetamide Solutions 10%</li> <li>□ Sulfur 4% □ Tretinoin □ 0.03% □ 0.06%</li> <li>□ ointment □ water washable base</li> <li>Sig: Apply a pea size amount to affected areas BID and PRN</li> <li>□ 30 gm □ 60 gm □ gm</li> </ul>	
	Stretch Mark & Scar formula
<u>Other</u>	□ Serica Scar formula 1 oz □ Serica Stretch Mark formula 1.5 oz
	Sig: Apply TID PRN
□ capsule □ cream □ ointment □ water washable base	
Sig:	
□ 30 gm □ 60 gm □	

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\_\_Phone:\_

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