

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

**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**

*\*This is not an all encompassing list; Commonly prescribed options\**

**Acne**

☐ Professional Acne Formula (F98485) Azelaic 17%/  
Clindamycin 2%/Niacinamide 4%/Tretinoin 0.03%

Sig: Apply to affected areas QD

☐ 30 gm ☐ \_\_\_\_\_ gm

**Anal Fissure**

☐ Misoprostol 0.002%/Nitroglycerin 0.2%/Lidocaine 1%/  
Phenytoin 2% cream

☐ Diltiazem 2% with/without 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

☐ Vanicream ☐ Best in Xematop

☐ 120 gm ☐ 454 gm ☐ \_\_\_\_\_ gm

**Eczema/Psoriasis (cont)**

☐ Clobetasol 0.05%/Dermazinc 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%

☐ 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: \_\_\_\_\_

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**Most Frequently Prescribed Compounds for Pediatrics 2 of 3**

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**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**

- ☐ Previgra (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 ☐ \_\_\_\_\_

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**Most Frequently Prescribed Compounds for Pediatrics 3 of 3**

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**Recurrent Vaginosis**

☐ Boric Acid/EDTA 600 mg suppository

Sig: Insert 1 suppository vaginally QD

☐ 30

**Rosacea-Topical**

☐ Azelaic Acid 15%/Ivermectin 1%/Metronidazole 1%

☐ Oxymetazoline 0.06%/Ivermectin 1%

SIG: Apply a thin layer once daily

Dispense ☐ 30 ☐ 60

**Other**

☐ Midazolam 2mg/ml Oral Liquid

Sig: \_\_\_\_\_

Dispense: ☐ \_\_\_\_\_ (weight based dose) ☐ 10ml (max dose)

☐ \_\_\_\_\_

☐ 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**

☐ Pracsil Plus Cream

Dispense ☐ 15 ☐ 30

Sig: Apply TID PRN

Refills \_\_\_\_\_ Prescriber Signature: \_\_\_\_\_

Prescriber Name:(print) \_\_\_\_\_ Phone: \_\_\_\_\_