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





Patient:			
Address	City/St./Zip_		
Home Phone: ()	Allergies	:	
All compounds for clinic use require a prescription w	ritten for each individual pat	ient. Medication will l	pe dispensed with patient specific label and patient
-	ently Prescribed Com s not an all encompassing list; C	-	
Acne		Eczema/Psoria	
☐ Professional Acne Formula (F98485)Azel	laic 17%/	☐ Clobetasol 0.05	%/Dermazinc Spray (Applicator tip & Spra
Clindamycin 2%/Niacinamide 4%/Tretinoir	n 0.03%	Sig: Spray onto a	ffected area BID
Sig: Apply to affected areas QD		□ 120 ml □ 240 m	1
□ 30 gm □ gm			
Anal Fissure		☐ Triamcinolone (Coal tar 3% cro	0.1%/Urea 10%/Lactic Acid 5%/ eam
☐ Misoprostol 0.002%/Nitroglycerin 0.2%/Lie Phenytoin 2% cream	docaine 1%/	Sig: Apply to affor	ected area BID
☐ Diltiazem 2% with/without Lidocain		□ 120 ml □ 240 m	1
Sig: Apply a pea size amount (1gm) BID to at		Female/ Itch	
□ 30 gm Chronic Otitis		☐ Clobetasol 0.059	%/Pramoxine 1%/Diphenhydramine 2%
☐ Boric Acid 1.5gm/Fluconazole 0.2gm/Genta			size amount to affected areas BID and PRN
Hydrocortisone 0.03gm Powder		□ 30 gm □ 60 gm	
Sig: Use 1-2 puffs in affected ear twice daily		Female/ Labia	
□ 5 gm		☐ Estriol 0.25mg/ş	
Eczema/Psoriasis			-
☐ Betamethasone Valerate 0.008%/Mupirocin	11 0.13 / 0	_	/ Progesterone 10mg/gm vaginal cream
Sig: Apply 5 times a day x 1week, QID x 1we then BID PRN		Sig: Apply a pea ☐ 30 gm ☐ 60 gm	size amount 3 times weekly as needed
☐ Vanicream ☐ Best in Xematop		_ 0 0 gm _ 0 0 gm	
□ 120 gm □ 454 gm □ gm			
Refills Prescriber Signat	ure:		
Drascribar Namas(nrint)	Dhone		

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specific package. Most Frequently Prescribed	dual patient. Medication will be dispensed with patient specific label and patient l Compounds for Pediatrics 2 of 3 ng list; Commonly prescribed options*		
Female /Pain	Lactation		
 □ Amantadine 2%/Diphenhydramine 5%/Loperamide 5% □ Amitriptyline 2%/Baclofen 2% □ Gabapentin 6%/Ketamine 5%/Lidocaine 2% □ ointment □ water washable base 	☐ Sore nipples: Newman's Nipple Cream (Betamethasone 0.025%, Clotrimazole 0.25%, Mupirocin0.5%, Nystatin 0.4%.)		
Sig: Apply 0.5ml to vulva QID for 2 days then BID □ 30 gm □ 60 gm □ gm	Sig: Apply sparingly after each feeding up to qid. □ 30 gm □ 60 gm □ gm		
<u>Headache</u>	Pain Topical		
☐ Prevmigra (Mg 30mg/Vit B2 400mg/Ca 10mg/feverfew) cap Sig: Take 1 PO BID	ABC Pain Formula-Cream Based Amitriptyline 2%/Baclofen 2%/Cyclobenzaprine 2%/ Diclofenac 3%/Lidocaine 5% in transdermal base		
□ 60 <u>Hemorrhoids</u>	Sig: Apply to 1ml q 2 hrs to dermatome of painful area until pair relieved then TID-QID PRN □ 60 ml □ 90 ml □ ml		
\square I/O suppository (Lidocaine 1%/Hydrocortisone 2%)			
Sig: Insert 1 suppository rectally at HS for 6 nights $\hfill \Box$ 6	☐ ABC Pain Formula-Roll On Amantadine 2%/Bupivacaine 0.5%/Cyclobenzaprine 1%/ Ketoprofen 10%/Dextromethorphan 1% in Cutters Solution		
☐ Hydrocortisone 2.5%/Lidocaine 5% cream	Sig: Roll on q 2 hrs to dermatome of painful area until pain relieved then TID-QID PRN		
Sig: Apply a pea size amount BID	□ 60 ml □ 90 ml □ ml		
□ 30 gm	□ Low Dose Naltrexone capsules □ 1.5 mg □ 3 mg □ 4.5 mg Sig: Take 1 capsule PO HS or		
Refills Prescriber Signature:	□ 30 □ 90 □		
	hone:		

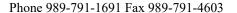
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specific package. Most Frequently Preso	h individual patient. Medication will be dispensed with patient specific label and patient cribed Compounds for Pediatrics 3 of 3 compassing list; Commonly prescribed options*			
Recurrent Vaginosis	Sinus Rinse			
☐ Boric Acid/EDTA 600 mg suppository	☐ Betamethasone Sod Pos 0.5mg/Gentamycin 10 mg capsule			
Sig: Insert 1 suppository vaginally QD	☐ Fluconazole 40mg/Gentamycin 10mg capsule			
□ 30	Sig: Empty contents of 1 capsule into 120 ml NeilMed bottle Irrigate each nostril with 60 ml of solution			
Rosacea-Topical	□ 30 capsule □ 60 capsule			
☐ Azelaic Acid 15%/Ivermectin 1%/Metronidaz	cole 1%			
☐ Oxymetazoline 0.06%/Ivermectin 1%	Total Control			
SIG: Apply a thin layer once daily				
Dispense ☐ 30 ☐ 60				
	Stretch Mark & Scar formula			
<u>Other</u>	☐ Pracsil Plus Cream			
□ Midazolam 2mg/ml Oral Liquid	Dispense □ 15 □ 30			
Sig:	Sig: Apply TID PRN			
Dispense: □(weight based dose) □10ml (max of	dose)			
п				
□ capsule □ cream				
□ ointment □ water washable base				
Sig:				
□ 30 gm □ 60 gm □				
Refills Prescriber Signature:				
Prescriber Name:(print)	Phone:			

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