Healthway Compou	inding Pharmacy
2544 McLeod	Dr N. Ste #2
Saginaw, MI 48604	
Phone 989-791-1691	Fax 989-791-4603
Patient:	DOB Date
Address City/St./Z	
Home Phone: () Allerg	
	l patient. Medication will be dispensed with patient specific label and patient compounds for Pediatrics 1 of 3 ist; Commonly prescribed options*
Acne	<u>Eczema/Psoriasis (cont)</u>
Professional Acne Formula (F98485)Azelaic 17%/ Clindamycin 2%/Niacinamide 4%/Tretinoin 0.03%	□ Clobetasol 0.05%/Dermazinc Spray (Applicator tip & Spray) Sig: Spray onto affected area BID
Sig: Apply to affected areas QD	□ 120 ml □ 240 ml
□ 30 gm □ gm	
Anal Fissure	□ Triamcinolone 0.1%/Urea 10%/Lactic Acid 5%/ Coal tar 3% cream
Misoprostol 0.002%/Nitroglycerin 0.2%/Lidocaine 1%/ Phenytoin 2% cream	Sig: Apply to affected area BID
□ Diltiazem 2% with/without Lidocaine 4% cream	□ 120 ml □ 240 ml
Sig: Apply a pea size amount (1gm) BID to affected area $\Box$ 20	Female/ Itch
□ 30 gm Chronic Otitis	Clobetasol 0.05%/Pramoxine 1%/Diphenhydramine 2%
□ Boric Acid 1.5gm/Fluconazole 0.2gm/Gentamycin Sulf 1.5gm/	☐ ointment □ water washable base Sig: Apply a pea size amount to affected areas BID and PRN
Hydrocortisone 0.03gm Powder	$\Box$ 30 gm $\Box$ 60 gm $\Box$ gm
Sig: Use 1-2 puffs in affected ear twice daily	Female/ Labia Adhesions
□ 5 gm	□ Estriol 0.25mg/gm vaginal cream
<u>Eczema/Psoriasis</u>	
□ Betamethasone Valerate 0.008%/Mupirocin 0.15%	Estradiol 0.1mg/ Progesterone 10mg/gm vaginal cream
Sig: Apply 5 times a day x 1week, QID x 1week, TID x 1 week, then BID PRN	Sig: Apply a pea size amount 3 times weekly as needed □ 30 gm □ 60 gm
□ Vanicream □ Best in Xematop	
□ 120 gm □ 454 gm □ gm	

Refills\_\_\_\_\_P

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

Prescriber Name:(print)\_

\_Phone:\_

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For Fax Transmittal to Patient's Choice of Pharmac	
	ounding Pharmacy
2544 McLeod Dr N. Ste #2	
	MI 48604
Phone 989-791-169	11 Fax 989-791-4603
Patient:	DOB Date
Address City/St.	/Zip
Home Phone: () Alle	rgies:
specific package. Most Frequently Prescribed	ual patient. Medication will be dispensed with patient specific label and patient <b>Compounds for Pediatrics 2 of 3</b> g list; Commonly prescribed options*
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%,
$\Box$ ointment $\Box$ 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.
$\Box$ 30 gm $\Box$ 60 gm $\Box$ gm	□ 30 gm □ 60 gm □ gm
Headache	Pain Topical
□ Prevmigra (Mg 30mg/Vit B2 400mg/Ca 10mg/feverfew) cap	□ ABC Pain Formula-Cream Based
Sig: Take 1 PO BID	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
– ••• Hemorrhoids	relieved then TID-QID PRN
□ I/O suppository (Lidocaine 1%/Hydrocortisone 2%)	□ 60 ml □ 90 ml □ ml
Sig: Insert 1 suppository rectally at HS for 6 nights	ABC Pain Formula-Roll On
	Amantadine 2%/Bupivacaine 0.5%/Cyclobenzaprine 1%/
□ 6	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

Prescriber Name:(print)

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Phone:

For Fax Transmittal to Patient's Choice of Pharmacy or Healthway Compounding Pharmacy 989-791-4603		
Healthway Compour	nding Pharmacy	
2544 McLeod Dr N. Ste #2		
Saginaw, M	I 48604	
Phone 989-791-1691 F	Fax 989-791-4603	
Patient:	DOB Date	
Address City/St./Zi	City/St./Zip	
Home Phone: () Allergi		
All compounds for clinic use require a prescription written for each individual specific package. Most Frequently Prescribed Co *This is not an all encompassing lis	ompounds for Pediatrics 3 of 3	
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 □ 30	□ Fluconazole 40mg/Gentamycin 10mg capsule	
	Sig: Empty contents of 1 capsule into 120 ml NeilMed bottle Irrigate each nostril with 60 ml of solution	
Rosacea-Topical	$\Box$ 30 capsule $\Box$ 60 capsule	
Azelaic Acid 15%/Ivermectin 1%/Metronidazole 1%		
Oxymetazoline 0.06%/Ivermectin 1%	Netlike Part Ricc - Second - Seco	
SIG: Apply a thin layer once daily		
<b>Dispense</b> □ 30 □ 60		
	Stretch Mark & Scar formula	
Other	Pracsil Plus Cream	
□ Midazolam 2mg/ml Oral Liquid	<b>Dispense 1</b> 5 <b>1</b> 30	
Sig:	Sig: Apply TID PRN	
Dispense: (weight based dose)  10ml (max dose)		
□ ointment □ water washable base		
Sig:		
□ 30 gm □ 60 gm □		
Refills Prescriber Signature:		

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

\_\_Phone:\_\_

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