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 clinical use require a written prescription for each individua	al patient. Medication will be dispensed with a patient specific label and patient specific scribed Compounds for Podiatry
ormulas for Onychomycosis:	Anti-Inflammatory Transdermal Creams for:
☐ Ibuprofen 2% / Terbinafine 1.6% Tea Tree Oil/DMSO	Musculoskeletal Pain:
Ibuprofen 2%/ Itraconazole 1% Tea Tree Oil/DMSO	☐ Ketoprofen 10%/Lidocaine 5%/Cyclobenzaprine 2%/
Ibuprofen 2%/ Ketoconazole 2%/Tea Tree Oil/DMSO	Baclofen 2% cream
ig: Brush on nail BID Qty 15ml	SIG: Qty
ormulas for Warts:	Anti-Inflammatory:
Salicylic Acid 60% in Aquaphor	☐ Diclofenac 4% ☐ Diclofenac 8%
Cimetidine 5%/DDG 0.2%/Tea Tree Oil 2%/Ibuprofen 2% cream	Arthritis, Rheumatoid Arthritis, Osteoarthritis:
SIG:Qty	Plantar Fasciitis, Tendonitis, Epicondylitis:
Formulas for Diabetic Neuropathy or Pain:	☐ Diclofenac 4%/Bupivacaine 1% cream
Amitriptyline 2% /Baclofen 2% cream	☐ Ibuprofen 20%/Piroxicam 1% cream
Ketamine 10% /Gabapentin 6%/Lidocaine 4% cream	SIG:Qty
SIG: Apply 1/2ml every 2 hours until pain is relieved, then TID-QID p	om Scarring Tendinosis:
tty60ml120ml	☐ Diclofenac 4%/Verapamil 10% cream ☐ Diclofenac 8%/Verapamil 10% cream SIG:Qty
Amantadine 2%/Bupivacaine 0.5%/Cyclobenzaprine 1%/	
Dextromethorphan 1%/Ketoprofen 10% roll-on solution	
IG: Roll-on every 2 hours until pain is relieved, then TID-QID prn	
ty30ml60ml90ml	Formulas for Wound Healing and Circulation:
	 □ Nifedipine 8% cream □ Ketoprofen 2%/Lidocaine 2%/Misoprostol .003%/Phenytoin 2% In mucosal bandage accordion puffer
Restless Leg Syndrome:	
MagnaGel (Topical Magnesium)	
IG: Massage over a large area on legs at bedtime.	SIG: puff onto wound daily. Qty 10gm
	Formulas for Nodules:
Formulas for Hyperhidrosis and Foot Odor: Aluminum Chloride 25%/Glycopyrrolate 0.5% roll-on	☐ Verapamil 15%/edta 1% cream
	SIG: Apply 1/2ml around nodule area BID
SIG:Qty30ml	Qty 30ml
Refills Dispense Other	7HARMAY 355 Sears
	ACCREDITED ACCREDITED

Fax completed form to Patient's choice of pharmacy or Healthway Compounding Pharmacy 989-791-4603

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Prescriber Signature:

to provide compounded solutions to medication problems. No claims are made as to the efficacy, safety or use of compounded formulations. Formulations not FDA approved. The information provided herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. The sample formulations described herein result from prescriptions previously ordered by professionals licensed to write prescriptions in their respective discipline. Nothing herein is intended to replace or influence the independent judgment of any licensed professional.. Version 03/19