

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 individual patient. Medication will be dispensed with a patient specific label and patient specific package.

Most Frequently Prescribed Compounds for Podiatry

This is not an all encompassing list; Commonly prescribed options

Formulas for Onychomycosis:

Ibuprofen 2% / Terbinafine 1.6% Tea Tree Oil/DMSO

Ibuprofen 2%/ Itraconazole 1% Tea Tree Oil/DMSO

Sig: Brush on nail BID Qty 15ml

Formulas for Warts:

Salicylic Acid 60% in Aquaphor

Cimetidine 5%/Tea Tree Oil 2%/Ibuprofen 2% cream

SIG: _____ Qty _____

Formulas for Diabetic Neuropathy or Pain:

Amitriptyline 2% /Baclofen 2% cream

Ketamine 10% /Gabapentin 6%/Lidocaine 4% cream

SIG: Apply 1/2ml every 2 hours until pain is relieved, then TID-QID prn

Qty _____ 60ml _____ 120ml

Amantadine 2%/Bupivacaine 0.5%/Cyclobenzaprine 1%/
Dextromethorphan 1%/Ketoprofen 10% roll-on solution

SIG: Roll-on every 2 hours until pain is relieved, then TID-QID prn

Qty _____ 30ml _____ 60ml _____ 90ml

Restless Leg Syndrome:

MagnaGel (Topical Magnesium)

SIG: Massage over a large area on legs at bedtime.

Formulas for Hyperhidrosis and Foot Odor:

Aluminum Chloride 25%/Glycopyrrolate 0.5% roll-on

SIG: _____ Qty _____ 30ml

Refills _____ Dispense Other _____

Anti-Inflammatory Transdermal Creams for:

Musculoskeletal Pain:

Ketoprofen 10%/Lidocaine 5%/Cyclobenzaprine 2%/

Baclofen 2% cream

SIG: _____ Qty _____

Arthritis, Rheumatoid Arthritis, Osteoarthritis:

Plantar Fasciitis, Tendonitis, Epicondylitis:

Diclofenac 4%/Bupivacaine 1% cream

Ibuprofen 20%/Piroxicam 1% cream

SIG: _____ Qty _____

Formulas for Wound Healing and Circulation:

Nifedipine 8% cream

SIG: Apply 1/2ml to affected area(s) twice daily . Qty 30 60

Ketoprofen 2%/Lidocaine 2%/Misoprostol .003%/Phenytoin 2%

In mucosal bandage accordion puffer

SIG: puff onto wound daily. Qty 10gm

Formulas for Nodules:

Verapamil 15%/EDTA 1% cream

SIG: Apply 1/2ml around nodule area BID

Qty 30ml



Prescriber Phone: _____ Prescriber Name (print) _____

Prescriber Signature: _____

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