

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 Primary Care Page 1 of 2

Arthritis & Muscle Pain

ABC Pain Formula-Cream Based
 Amitriptyline 2%/Baclofen 2%/Cyclobenzaprine 2%/Diclofenac 3%/ Lidocaine 5% in transdermal base
 Dispense 60 ml 90 ml _____
 Sig: Apply 1ml q2 hrs to dermatome of painful area until pain relieved then TID-QID PRN.

ABC Pain Formula-Roll On
 Amantadine 2%/Bupivacaine 0.5%/Cyclobenzaprine 1%/Ketoprofen 10%/ Dextromethorphan 1% in Cutters solution
 Dispense 60 ml 90 ml _____
 Sig: Roll on q2 hrs to dermatome of painful area until pain relieved then TID-QID PRN.

ABC Alternative-Cream Based
 Ketamine 5%/Ketoprofen 10%/ Lidocaine 5% in transdermal base
 Dispense 60 ml 90 ml _____
 Sig: Apply 1ml q2 hrs to dermatome of painful area until pain relieved then TID-QID PRN.

Low Dose Naltrexone capsules
 1.5mg 3mg 4.5mg
 Dispense 30 90 _____
 Sig: Take 1 po at bedtime or _____

Bio-Identical Option for HRT

Bi-est 0.1mg(Estriol 0.08mg/Estradiol 0.02mg)Progesterone 25mg/Testosterone 1mg/ml cream (**more options available**)
 Sig: Apply 1ml daily to upper inner arm. Rub in well and wash hands thoroughly.
 Dispense 30 ml (thirty)

Vaginal Dryness/Atrophy

Estriol 0.25mg/gm vaginal cream Dispense 30 gm 60 gm
 Sig: Insert 2 gm vaginally hs for 2 weeks, then 3 times weekly for 2 weeks, then 1 gm 3 times weekly prn

Estradiol 0.1mg/ Progesterone 10mg/gm vaginal cream
 Estradiol 0.05mg/ Estriol 0.05 mg/Progesterone 10mg/gm vaginal cream
 Dispense 60 gm _____
 Sig: Insert 2 gm vaginally qd for 7 days, then 3 times weekly.

Non-Hormonal option

Hyaluronic Acid 5mg/gm aloe vera gel Dispense 60gm
 Sig: Insert 2 gm vaginally daily as needed.

Testosterone for Men transdermal Atrevis

50mg/ ml 25mg/ml other _____
 Dispense 30 ml 60 ml _____
 Sig: Apply 1 ml to dry hairless area once daily in the morning.
 Sig: Apply 1/2 ml to dry hairless area bid.

Refills: _____ Prescriber Signature: _____

Prescriber Name:(print) _____ Phone: _____

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Anal Fissures

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

Diltiazem 2%/Lidocaine 4% cream

Dispense 30 gm

Sig: Apply a pea size amount (1gm) twice daily to affected area.

Headaches

Isometheptene mucate 65mg capsule

Dispense 60

Sig: Take 2 po at onset of headache. Repeat 1 po q 1 hr prn up to 5 per 24 hrs

Plevmigr (Mg 30mg/Vit B2 400mg/Ca 10mg/feverfew) capsule

Dispense 60

Sig: Take 1 po twice daily.

Chronic Otitis

Boric Acid 1.5 gm/Fluconazole 0.2 gm/Gentamycin Sulfate 1.5gm/Hydrocortisone 0.030gm Powder

Dispense 5gm

Sig: Use 1-2 puffs in affected ear twice daily.

Hemorrhoids

I/O suppository (rectal rocket) Lidocaine 1%/Hydrocortisone 2%
Dispense 6

Sig: Insert 1 suppository rectally at bedtime for 6 nights.

Hydrocortisone 2.5%/ Lidocaine 5% cream

Dispense 30 gm

Sig: Apply a pea size amount twice daily.

Psoriasis

Clobetasol 0.05%/Zinc Pyrithione spray

Triamcinolone 0.1%/Urea 10%/Lactic Acid 5%/Coal tar 3% cream

Clobetasol 0.05%/Salicylic Acid 5%/LCD 4% topical solution

Dispense 120 ml

Sig: Apply to affected area twice daily.

Recurrent Vaginosis

Boric Acid 600mg suppository

Dispense 30

Sig: Insert 1 suppository vaginally once daily.

Other

Refills: _____ Prescriber Signature: _____

Prescriber Name:(print) _____ Phone: _____