

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 Sports Medicine

Formulas for Pain/Sprain/Cramps:

ABC Cream: Amitriptyline 2% /Baclofen 2%/Cyclobenzaprine 2%/ Diclofenac 3%/Lidocaine 5% in transdermal base

SIG: Apply 1ml Q2 hours until pain is relieved, then 1ml TID-QID prn

Qty _____ 30ml _____ 60ml _____ 90ml _____

ABC Roll-On: Amantadine 2%/Bupivacaine 0.5%/Cyclobenzaprine 1%/Dextromethorphan 1%/Ketoprofen 10% roll-on solution

SIG: Roll-on Q2 hours until pain is relieved, then TID-QID prn

Qty _____ 30ml _____ 60ml _____ 90ml _____

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

Gabapentin 6%/Ketoprofen 10%/Lidocaine 10% cream

SIG: Apply 1/2ml Q2 hours until pain is relieved, then TID-QID prn

Qty _____ 60ml _____ 120ml _____

Diclofenac 4% Diclofenac 8%

Diclofenac 4%/Bupivacaine 1% cream

Ibuprofen 20%/Piroxicam 1% cream

SIG: _____ Qty _____

Formulas for Hyperhidrosis:

Aluminum Chloride 25%

Aluminum Chloride 25%/Glycopyrrolate 0.5%

SIG: _____ Qty _____ 30ml

Refills _____

Formulas for Onychomycosis:

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

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

Ibuprofen 2%/ Ketoconazole 2%/Tea Tree Oil/DMSO

Sig: Brush on nail BID Qty 15ml

Formulas for Warts:

Salicylic Acid 60% in Aquaphor _____

Cimetidine 5%/DDG 0.2%/Tea Tree Oil 2%/Ibuprofen 2% cream

SIG: _____ Qty _____

Formulas for Wound Healing and Circulation:

Nifedipine 8% cream

Qty _____ 30ml _____ 60ml _____

SIG: _____

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

In mucosal bandage accordion puffer

Mupirocin in a polyox bamage

SIG: puff onto wound daily. Qty 10gm

Anal Fissure Cream

Diltiazem 2%

Diltiazem 2%/Lidocaine 4%

Sig: Apply a pea-size amount _____.

Dispense 30gm

Misoprostol .002%/Nitroglycerin 0.2%/Phenytoin 2% Cream

Sig: Apply a pea-size amount BID. Do not use if pregnant.

Dispense 30gm

Nifedipine 0.3% Ointment

Sig: Apply a pea-size amount _____.

Dispense 30gm

Hemorrhoids

I/O Suppository (Rectal Rocket)

Hydrocortisone 2%/Lidocaine 1%

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

Dispense 6

Hydrocortisone 25mg/Lidocaine 50mg Suppository

Sig: Insert 1 Suppository rectally

_____.

Dispense 30 60 _____



Prescriber Phone: _____ Prescriber Name (print) _____

Prescriber Signature: _____

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