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 _____ DOB_____ Date_____ Patient: _____ City/St./Zip_____ Address

Audicos	
	-

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 Most Frequently Prescribed Compounds for Sports Medicine package.

Diclotenac 3%/Lidocaine 5% in transdermal base Qtr SIG: Apply 1ml Q2 hours until pain is relieved, then 1ml TID-QID prn SIG Qty30ml60ml90ml I I ABC Roll-On: Amantadine 2%/Bupivacaine 0.5%/Cyclobenzaprine I 1%/Dextromethorphan 1%/Ketoprofen 10% roll-on solution IIII SIG: Roll-on Q2 hours until pain is relieved, then TID-QID prn I Qty30ml60ml90ml I I Gabapentin 6%/Ketamine 10%/Lidocaine 4% cream An I Gabapentin 6%/Ketoprofen 10%/Lidocaine 10% cream I SIG: Apply 1/2ml Q2 hours until pain is relieved, then TID-QID prn I Qty60ml120ml I Diclofenac 4%/Bupivacaine 1% cream I I biclofenac 4%/Bupivacaine 1% cream I SIG:Qty Gty Formulas for Hyperhidrosis: I I Aluminum Chloride 25%/Glycopyrrolate 0.5% I SIG:Qty30ml Ha Refills I	Nifedipine 8% cream y
SIG: Apply 1ml Q2 hours until pain is relieved, then 1ml TID-QID prn Qty30ml60ml90ml Qty30ml60ml90ml	 G:
Qty30ml60ml90ml SIG □ 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 □ Qty30ml60ml90ml □ Gabapentin 6%/Ketamine 10%/Lidocaine 4% cream An Gabapentin 6%/Ketoprofen 10%/Lidocaine 10% cream □ IGabapentin 6%/Ketoprofen 10%/Lidocaine 10% cream □ SIG: Apply 1/2ml Q2 hours until pain is relieved, then TID-QID prn □ Qty60ml120ml □ Diclofenac 4% □ □ Diclofenac 4%/Bupivacaine 1% cream □ Ibuprofen 20%/Piroxicam 1% cream □ SIG:Qty 0 Aluminum Chloride 25% SIG:Qty30ml He Refills	Ketoprofen 2%/Lidocaine 2%/Misoprostol .003%/Phenytoin 2% In mucosal bandage accordion puffer Mupirocin in a polyox banage SIG: puff onto wound daily. Qty 10gm al Fissure Cream Diltiazem 2% Diltiazem 2%/Lidocaine 4% Sig: Apply a pea-size amount Dispense 30gm Misoprostol .002%/Nitroglycerin 0.2%/Phenytoin 2% Cream
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 Qty30ml60ml90ml 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 Qty60ml120ml Diclofenac 4% Diclofenac 4%/Bupivacaine 1% cream SIG:Qty Formulas for Hyperhidrosis: Aluminum Chloride 25%/Glycopyrrolate 0.5% SIG:Qty30ml Hefills Formulas for Onvchomycosis:	In mucosal bandage accordion puffer Mupirocin in a polyox banage SIG: puff onto wound daily. Qty 10gm al Fissure Cream Diltiazem 2% Diltiazem 2%/Lidocaine 4% Sig: Apply a pea-size amount Dispense 30gm Misoprostol .002%/Nitroglycerin 0.2%/Phenytoin 2% Cream
Qty30ml60ml90ml Gabapentin 6%/Ketamine 10%/Lidocaine 4% cream Gabapentin 6%/Ketoprofen 10%/Lidocaine 10% cream Gabapentin 6%/Ketoprofen 10%/Lidocaine 10% cream Gutter for the state of the sta	SIG: puff onto wound daily. Qty 10gm al Fissure Cream Diltiazem 2% Diltiazem 2%/Lidocaine 4% Sig: Apply a pea-size amount Dispense 30gm Misoprostol .002%/Nitroglycerin 0.2%/Phenytoin 2% Cream
Gabapentin 6%/Ketamine 10%/Lidocaine 4% cream An Gabapentin 6%/Ketoprofen 10%/Lidocaine 10% cream Image: Comparison of the system o	al Fissure Cream Diltiazem 2% Diltiazem 2%/Lidocaine 4% Sig: Apply a pea-size amount Dispense 30gm Misoprostol .002%/Nitroglycerin 0.2%/Phenytoin 2% Cream
Gabapentin 6%/Ketoprofen 10%/Lidocaine 10% cream SIG: Apply 1/2ml Q2 hours until pain is relieved, then TID-QID prn Qty60ml120ml Diclofenac 4% Diclofenac 8% Diclofenac 4%/Bupivacaine 1% cream Image: Comparison of the system	Diltiazem 2% Diltiazem 2%/Lidocaine 4% Sig: Apply a pea-size amount Dispense 30gm Misoprostol .002%/Nitroglycerin 0.2%/Phenytoin 2% Cream
SIG: Apply 1/2ml Q2 hours until pain is relieved, then TID-QID prn Image: the transmission of tr	Diltiazem 2%/Lidocaine 4% Sig: Apply a pea-size amount Dispense 30gm Misoprostol .002%/Nitroglycerin 0.2%/Phenytoin 2% Cream
Qty60ml 120ml Diclofenac 4% Diclofenac 8% Diclofenac 4%/Bupivacaine 1% cream	Sig: Apply a pea-size amount Dispense 30gm Misoprostol .002%/Nitroglycerin 0.2%/Phenytoin 2% Cream
□ Diclofenac 4% □ Diclofenac 8% □ Diclofenac 4%/Bupivacaine 1% cream □ □ Ibuprofen 20%/Piroxicam 1% cream □ SIG: Qty	Dispense 30gm Misoprostol .002%/Nitroglycerin 0.2%/Phenytoin 2% Cream
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:Qty30ml Hefills Eormulas for Onychomycosis:	Misoprostol .002%/Nitroglycerin 0.2%/Phenytoin 2% Cream
Ibuprofen 20%/Piroxicam 1% cream SIG: Qty	
SIG: Qty Formulas for Hyperhidrosis: Image: Constraint of the second	Sig: Apply a pea-size amount BID. Do not use if pregnant.
Formulas for Hyperhidrosis: □ □ Aluminum Chloride 25% 9 □ Aluminum Chloride 25%/Glycopyrrolate 0.5% 9 SIG: Qty30ml Hefills □	
□ Aluminum Chloride 25% □ Aluminum Chloride 25%/Glycopyrrolate 0.5% □ Aluminum Chloride 25%/Glycopyrrolate 0.	Dispense 30gm
Aluminum Chloride 25%/Glycopyrrolate 0.5%] SIG: Qty30ml Refills Formulas for Onychomycosis:	Nifedipine 0.3% Ointment
SIG:Qty30ml He Refills Formulas for Onychomycosis:	Sig: Apply a pea-size amount
Refills	Dispense 30gm
Refills	emorrhoids
Formulas for Onychomycosis.	I/O Suppository (Rectal Rocket)
□ Ibuprofen 2% / Terbinafine 1.6% Tea Tree Oil/DMSO	Hydrocortisone 2%/Lidocaine 1%
□ buprofen 2%/ Itraconazole 1% Tea Tree Oil/DMSO	Sig: Insert 1 suppository rectally at HS for 6 nights.
□ Ibuprofen 2%/ Ketoconazole 2%/Tea Tree Oil/DMSO	Dispense 6
Sig: Brush on nail BID Qty 15ml	Hydrocortisone 25mg/Lidocaine 50mg Suppository
Formulas for Warts:	Sig: Insert 1 Suppository rectally
□ Salicylic Acid 60% in Aquaphor	 Dispense □ 30 □ 60 □
□ Cimetidine 5%/DDG 0.2%/Tea Tree Oil 2%/Ibuprofen 2% cream	35
SIG:Qty	

Prescriber Signature:

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

©2020 Healthway Compounding Pharmacy. All rights reserved. Our pharmacy works with prescribers

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