

**For Fax Transmittal Only to Patients Choice of Pharmacy or
Healthway Compounding Pharmacy 989-791-4603**

Healthway Compounding Pharmacy
2544 McLeod Dr. N. • Saginaw, MI 48604
Phone: 989-791-1691 • Fax 989-791-4603



Patient: _____ DOB _____ Date _____

Address _____ City/St./Zip _____

Home Phone: (____) _____ Alt. Phone: (____) _____

Allergies: _____

All compounds for clinical use require a prescription written for each individual patient. Medication will be dispensed with patient specific label and in patient specific package.

Commonly Prescribed Formulas for Wart

This is not an all encompassing list; Commonly prescribed options

- Cantharidin/Salicyclic Acid 0.7/10% liquid**
 - 5ml 10ml
 - (should be applied by Prescriber Only)
- Salicylic Acid 60% ointment (or ____%)**
Sig: Apply to warts twice daily.
 - 30gm 60gm
- Lactic Acid 10%/Salicylic Acid 10%/Urea 10% ointment**
Sig: Apply to warts twice daily.
 - 30gm 60gm
- 2 Part Procedure**
 - 1. Sensitization (Recommended In Office) - Dibutyl Squarate 1% Solution**
Apply solution to inner arm about the size of 2 quarters and occlude for sensitization.
 - 3 ml
 - 2. At Home - Dibutyl Squarate 0.1% Solution 30ml**
Apply to warts at bedtime 3-7 nights per week for up to 4 months.
 - 15 ml ____ ml

Refills _____ Dispense other _____ Sig: _____

Prescriber Name:(print) _____ Phone: _____

Prescriber Signature: _____

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