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	t: DOB Date
Addre	ss City/St./Zip
Home	Phone: () Alt. Phone: ()
Allerg	ies:
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
Ш	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
Refil	lls Dispense other Sig:
Prescriber Name:(print) Phone:	
Proscriber Signature:	

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