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
Addres	City/St./Zip
Home	Phone: () Alt. Phone: ()
Allergi	les:
	npounds for clinical use require a prescription written for each individual patient. Medication will be dispensed with patient c 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.
	\Box 30gm \Box 60gm
	Lactic Acid 10%/Salicylic Acid 10%/Urea 10% ointment
	Sig: Apply to warts twice daily.
_	\Box 30gm \Box 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
	Apply to warts at bedtime 3-7 nights per week for up to 4 months. \Box 15 ml \Box ml
	□ 15 ml □ml
Refill	ls Dispense other Sig:
Prescriber Name:(print) Phone: Phone:	
Prescriber Signature:	

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