

**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

- Cantharidin 0.7% in Flexible Collodion
 - 10ml
 - (should be applied by Prescriber Only)
- Salicylic Acid 60% ointment (or other ____%)
Sig: Apply to warts twice daily.
 - 60gm
- Lactic Acid 10%/Salicylic Acid 10%/Urea 10% ointment
Sig: Apply to warts twice daily.
 - 60gm
- 2 Part Procedure**
 - 1. 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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