

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



Patient: _____ DOB _____ Date _____

Address _____ City/St./Zip _____

Home Phone: (____) _____ Allergies: _____

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

Most Frequently Prescribed Compounds for Women's Health Pelvic Floor Pain & Dysfunction

Itch

Clobetasol 0.05%/Pramoxine 1%/Diphenhydramine 2%

Doxepin 5%/Naltrexone 1%

ointment water washable base

Dispense 30 gm 60 gm _____

Sig: Apply a pea-size amount to affected area BID and prn.

Lichen Planus

Hydrocortisone 10% (100mg/gm)

Sig: Insert 3-5grams (300-500mg) vaginally at HS for 14 days,
(decrease per patient response)

Cyclosporin 2% cream

Clobetasol 0.05%/Nystatin 100,000 IU/gm/Oxytetracycline 3%
cream

Sig: Apply a pea-size amount to affected area BID and prn.

Dispense 30 gm 60 gm _____

Pain

Amitriptyline 2%/Baclofen 2%

Gabapentin 6%/Ketamine 5%/Lidocaine 2%

Amantadine 2%/Diphenhydramine 5%/Loperamide 5%

Sig: Apply 0.5 ml to vulva QID for 2 days then BID

ointment water washable base

Dispense 30 gm 60 gm _____

Muscle Spasm

Diazepam 5mg 10mg Suppository

Baclofen 10mg/Belladonna 15mg/Morphine 7.5mg Suppository

(This medication requires a hand written Prescription)

Sig: Insert 1 suppository vaginally at QD. Dispense _____

Belladonna 0.03%/Ketoprofen 0.2%/Lidocaine 2%/

Tetracaine 0.5% Topical Gel

Sig: Apply a pea-size amount to affected area BID and prn.

Dispense 30 gm 60 gm _____

Vaginal Dryness/Atrophy

Estriol 0.25mg/gm vaginal cream Dispense 30 gm 60 gm

Sig: Insert 2 gm vaginally hs for 2 weeks, then 3 times weekly
for 2 weeks, then 1 gm 3 times weekly prn

Estradiol 0.1mg/ Progesterone 10mg/gm vaginal cream

Estradiol 0.05mg/ Estriol 0.05 mg/Progesterone 10mg/gm
vaginal cream

Dispense 60 gm _____

Sig: Insert 2 gm vaginally once daily for 7 days, then 3 times
weekly.

Non-Hormonal option

Hyaluronic Acid 5mg/gm aloe vera gel Dispense 60gm

Sig: Insert 2 gm vaginally daily as needed.

Refills _____ Prescriber Signature: _____

Prescriber Name:(print) _____ Phone: _____