

**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%
- Cyclosporin 2%/Tranilast 0.1%
- ointment  water washable base

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

Dispense  30 gm  60 gm  \_\_\_\_\_

**Lichen Planus**

- Hydrocortisone 10% (100mg/gm)
- Cyclosporin 2% cream
- Clobetasol 0.05%/Nystatin 100,000 IU/gm/Oxytetracycline 3% cream

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

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
- 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: \_\_\_\_\_