



Memorial Pharmacy and Compounding

7017 S. Staples St Suite 103B

Corpus Christi, Texas 78413

Phone: 361-356-6279 Fax: 361-480-0090

Date: _____ Date of Birth: _____ Patient: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Allergies: _____

All compounds for clinical use will require a written prescription for each individual patient. Medication will be dispensed in patient specific package.

Commonly Prescribed Pediatric Compounds

Acne

Professional Acne Formula
(Azelaic Acid 17%/Benzoyl Peroxide 5%/Clindamycin 2%/ Retinoic Acid 0.03% cream)
Sig: Apply to affected areas daily
 30gm _____ gm

Anal Fissure

Misoprostol 0.002%/Nitroglycerin 0.2%/Lidocaine 1%/ Phenytoin 2% cream
 Diltiazem 2%/ Lidocaine 4% cream
Sig: Apply a pea sized amount (1 gram) twice daily to affected area
 30 gm _____ gm

Chronic Otitis

Boric Acid 1.5gm/ Fluconazole 0.2gm/Gentamycin 1.5gm/Hydrocortisone 0.03gm powder
Sig: Use 1-2 puff in affected ear twice daily
 5gm

Eczema/Psoriasis

Betamethasone Valerate 0.008%/Mupirocin 0.15%
Sig: Apply 5 times a day for 1 week then QID for 1 week then TID for 1 week then BID PRN
 Good in Vanicream Best in Xematop
 120gm 454gm _____ gm

Eczema/Psoriasis Cont.

Clobetasol 0.05%/Dermazinc Spray (Applicator tip and Spray)
Sig: Spray onto affected area BID
 120ml 240ml
 Triamcinolone 0.1%/Urea 10%/Lactic Acid 5%/Coal Tar 3% cream
Sig: Apply to affected area BID
 120ml 240ml

Female/Itch

Clobetasol 0.05%/Pramoxine 1%/ Diphenhydramine 2%
 Doxepin 5%/Naltrexone 1%
 Cyclosporine 2%/Cromolyn 4%
 Ointment Water washable base
Sig: Apply a pea sized amount to affected areas BID and PRN
 30gm 60gm _____ gm

Female/ Labia Adhesions

Estriol 0.25mg/gm vaginal cream
 Estradiol 0.1mg/gm/Progesterone 10mg/gm vaginal cream
Sig: Apply a pea sized amount 3 times per week as needed
 30 gm 60 gm

Refills: _____

Prescriber: _____ Prescriber Phone: _____

Prescriber Signature: _____

™2022 Memorial Pharmacy and Compounding. All rights reserved. Our pharmacy works with prescribers to provide compounded solutions to medication problems. No claims are made as to the efficacy, safety or use of compounded formulations. Formulations are not FDA approved. The information provided herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. The sample formulations described herein result from prescriptions previously ordered by professionals licensed to write prescriptions in their respective discipline. Nothing herein is intended to replace or influence the independent judgment of any licensed professional.



Memorial Pharmacy and Compounding

7017 S. Staples St Suite 103B

Corpus Christi, Texas 78413

Phone: 361-356-6279 Fax: 361-480-0090

Date: _____ Date of Birth: _____ Patient: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Allergies: _____

All compounds for clinical use will require a written prescription for each individual patient. Medication will be dispensed in patient specific package.

Commonly Prescribed Pediatric Compounds

Recurrent Vaginosis

- Boric Acid 600mg Suppository
- Sig: Insert 1 suppository vaginally daily
- 30 suppositories

Rosacea-Topical (Please choose at least 2 ingredients)

- Azelaic Acid 16% Hydroquinone ____%
- Salicylic Acid ____% Sulfacetamide 1%
- Sulfur 4% Tretinoin 0.03% 0.06%
- Ointment Water Washable Base
- Sig: Apply a pea sized amount (1 gram) to affected areas BID and PRN
- 30gm 60 gm ____gm

Sinus Rinse

- Betamethasone Sod 0.5mg/Gentamycin 10mg capsule
- Fluconazole 40mg/Gentamycin 10mg capsule
- Sig: Empty contents of 1 capsule into 120ml NeilMed Bottle. Irrigate each nostril with 6ml of solution.
- 30 capsules 60 capsules

Stretch Mark and Scar Formula

- Serica Scar Formula 1 oz
- Serica Stretch Mark Formula 1.5 oz
- Sig: Apply to affected areas TID PRN

Other

- Guanfacine 1mg/5ml suspension
- Clonidine 0.1mg/5ml suspension
- Trazodone ____mg/5ml suspension
- Magic Mouthwash (Lidocaine 33%/Benadryl 33%/Maalox 33%) (Nystatin addition upon request)
- Happy Hiney Diaper Cream (Clotrimazole 33%/Desitin 33%/ Hydrocortisone 33%)
- Questran ____% in Aquaphor
- _____

Sig: _____

Quantity: _____

Refills: _____

Prescriber: _____ Prescriber Phone: _____

Prescriber Signature: _____

Memorial Pharmacy and Compounding

™2022 Memorial Pharmacy and Compounding. All rights reserved. Our pharmacy works with prescribers to provide compounded solutions to medication problems. No claims are made as to the efficacy, safety or use of compounded formulations. Formulations are not FDA approved. The information provided herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. The sample formulations described herein result from prescriptions previously ordered by professionals licensed to write prescriptions in their respective discipline. Nothing herein is intended to replace or influence the independent judgment of any licensed professional.



7017 S. Staples St Suite 103B

Corpus Christi, Texas 78413

Phone: 361-356-6279 Fax: 361-480-0090

Date: _____ Date of Birth: _____ Patient: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Allergies: _____

All compounds for clinical use will require a written prescription for each individual patient. Medication will be dispensed in patient specific package. **Commonly Prescribed Pediatric Compounds**

Female/Pain

- Amantadine 2%/Diphenhydramine 5%/Loperamide 5%
- Amitriptyline 2%/Baclofen 2%
- Gabapentin 6%/Ketamine 5%/Lidocaine 2%
- Ointment Water washable base
- Sig: Apply 0.5ml to vulva QID for 2 days then BID
- 30gm 60gm _____gm

Headache

- Isometheptene mucate 65mg capsule
- Sig: Take 2 capsule PO at onset of headache. Repeat every hour PRN up to 5 per day
- 60 capsules
- Plevmigra (Mg 30mg/Vit B2 400mg/Ca 10mg/Feverfew capsule
- Sig: Take 1 capsule PO BID
- 60 capsules

Hemorrhoids

- I/O suppository (Lidocaine 1%/Hydrocortisone 2%)
- Sig: Insert 1 suppository rectally at HS for 6 nights
- 6 suppositories
- Hydrocortisone 2.5%/Lidocaine 5% cream
- Sig: Apply a pea sized amount (1 gram) BID
- 30gm

Lactation

- Sore Nipples: Newmans's Nipple Cream (Betamethasone 0.025%/Clotrimazole 0.25%/ Mupirocin 0.5%/ Nystatin 0.4%)
- Sig: Apply sparingly after each feeding up to QID
- 30gm 60gm _____gm

Pain Topical

- ABC Pain Formula Cream**
- Amitriptyline 2%/Baclofen 2%/Cyclobenzaprine 2%/ Diclofenac 3%/ Lidocaine 5% in cream base**
- Dispense: 120ml 60ml _____ml
- Sig: Apply 1ml every 2 hours to painful area until pain is relieved then TID-QID PRN
- ABC Pain Formula Roll-On**
- Amantadine 2%/Bupivacaine 0.5%/ Cyclobenzaprine 1%/ Ketoprofen 10%/ Dextromethorphan 1% in Cutters solution**
- Dispense: 60ml 90ml _____ml
- Sig: Roll on every 2 hours to painful area until pain is relieved then TID-QID PRN
- Low Dose Naltrexone Capsules**
- 1.5mg 3mg 4.5mg
- Dispense: 30 60 90
- Sig: Take 1 capsule by mouth at bedtime or _____

Refills: _____

Prescriber: _____ Prescriber Phone: _____

Prescriber Signature: _____

©2022 Memorial Pharmacy and Compounding. All rights reserved. Our pharmacy works with prescribers to provide compounded solutions to medication problems. No claims are made as to the efficacy, safety or use of compounded formulations. Formulations are not FDA approved. The information provided herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. The sample formulations described herein result from prescriptions previously ordered by professionals licensed to write prescriptions in their respective discipline. Nothing herein is intended to replace or influence the independent judgment of any licensed professional.