



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.

Most Frequently Prescribed Compounds for Podiatry

Formulas for Onychomycosis:

Ibuprofen 2%/ Terbinafine 1.6%/ Tea Tree Oil/DMSO

Ibuprofen 2%/ Itraconazole 1%/ Tea Tree Oil/DMSO

Ibuprofen 2%/ Ketoconazole 2%/ Tea Tree Oil/DMSO

Sig: Brush on nail twice daily Qty: 15mL

Formulas for Warts:

Salicylic Acid 60% in Aquaphor _____

Cimetidine 5%/DDG 0.2%/ Tea Tree Oil 2%/ Ibuprofen 2% cream

Sig: _____ Qty: _____

Formulas for Diabetic Neuropathy:

Amitriptyline 2%/ Baclofen 2% cream

Ketamine 10%/ Gabapentin 6%/ Lidocaine 4% cream

Sig: Apply 1/2 mL every 2 hours until pain is relived, then TID-QID prn

Qty: _____ 60mL _____ 120mL

Amantadine 2%/ Bupivacaine 0.5%/ Cyclobenzaprine 1%/ Dextromethorphan 1%/ Ketoprofen 10% roll-on solution

Sig: Roll-on every 2 hours until pain is relieved, then TID-QID prn

Qty: _____ 30mL _____ 60mL _____ 90mL

Restless Leg Syndrome:

MagnaGel (Topical Magnesium)

Sig: Massage over larger area on legs at bedtime.

Formulas for Hyperhidrosis and Foot Odor:

Aluminum Chloride 25%/ Glycopyrolate 0.5% roll-on

Sig: _____ Qty: _____ 30mL

Refills _____ Dispense Other: _____

Anti-Inflammatory Transdermal Creams for:

Musculoskeletal Pain:

Ketoprofen 10%/ Lidocaine 5%/ Cyclobenzaprine 2%/ Baclofen 2% cream

Sig: _____ Qty: _____

Anti-Inflammatory:

Diclofenac 4% Diclofenac 8%

Arthritis, Rheumatoid Arthritis, Osteoarthritis, Plantar Fasciitis, Tendonitis, Epicondylitis:

Diclofenac 4%/ Bupivacaine 1% cream

Ibuprofen 20%/ Piroxicam 1% cream

Sig: _____ Qty: _____

Scarring Tendinosis:

Diclofenac 4%/ Verapamil 10% cream

Diclofenac 8%/ Verapamil 10% cream

Sig: _____ Qty: _____

Formulas for Wound Healing and Circulation:

Nifedipine 8% cream

Ketoprofen 2%/ Lidocaine 2%/ Misoprostol 0.003%/ Phenytoin 2%

Sig: Apply to wound daily. Qty: 10 gm

Formulas for Nodules:

Verapamil 15%/ EDTA 1% cream

Sig: Apply 1/2 mL around nodule area twice daily

Qty: 30mL

Prescriber: _____ Prescriber Phone: _____

Prescriber Signature: _____

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