



Theresa Mahood RPh #48103

Compounding Pharmacist, Pharmacy Manager and Owner

T: (204) 306-4445

F: (833) 536-1732

Patient Name:	Phone:
DOB:	Address:
PHIN:	Date:

Most Common Pediatric Compounds

Diaper dermatitis and topicals:

- ☐ ___ % balsam of peru in zinc oxide 25% ointment
- ☐ 1 % hydrocortisone pwd in clotrimazole 1% cr
- ☐ Betaderm 0.1% cr and clotrimazole 1% cr 1:1
- ☐ Betaderm 0.1% cr/ petrolatum/ glaxal base 1:1:1
- ☐ All purpose nipple ointment-2% miconazole in betamethasone 0.1%/mupirocin 2% oint (for breastfeeding parents)
- ☐ **Sig:** Apply to affected area ___ times a day

Infectious Disease:

- ☐ Dexamethasone 1 mg/ml Susp: Give _____ ml Stat And Again In 48 Hours
- ☐ Cotrimoxazole 40/8 mg/ml Susp: Give _____ ml Bid For _____ Days
- ☐ Nitrofurantoin 10 mg/ml Susp: Give _____ ml Qid For _____ Days

Dispepsia:

- ☐ Omeprazole 2mg/MI Susp
- ☐ Ranitidine 15mg/MI Susp

Mental Health

- ☐ Atomoxetine 4 mg/ml Susp
- ☐ Clonidine 10 mcg/ml Susp
- ☐ Aripiprazole 1 mg/ml Susp

Mitte: _____

Refills x _____

Sig: _____

Prescriber printed name: _____ Prescriber license: _____

Address: _____ Phone Number: _____

Prescriber signature: _____

Please fax completed form to **1-833-536-1732**. The pharmacy will call the patient and confirm the cost before compounding.

We offer **FREE CITY WIDE DELIVERY!**

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