



ILLINOIS COMPOUNDING PHARMACY

• 1117 S MILWAUKEE AVE STE A2 • LIBERTYVILLE, IL • 60048
 • PHONE: (847)603-1034 • FAX: (847)232-7425
 • WWW.ILLINOISCOMPOUNDINGPHARMACY.COM

PODIATRY COMPOUND ORDER FORM



PATIENT INFORMATION SECTION			PRESCRIBER INFORMATION SECTION		
Patient Name:			Prescriber Name:		
Address:			DEA:	NPI:	
City:	State:	Zip:	City:	State:	Zip:
Phone:		Allergies:	Phone:	Fax:	

PAIN/NEUROPATHY	INFECTED WOUNDS
<input type="checkbox"/> Amitriptyline 2% Gabapentin 4% Ketoprofen 10% Cream (QTY #60g) SIG: Apply to the affected area twice daily. <input type="checkbox"/> Baclofen 2% Cyclobenzaprine 2% Ketoprofen 10% Lidocaine 2% Cream (QTY #60g) SIG: Apply to the affected area twice daily. <input type="checkbox"/> Amitriptyline 2% Ketamine 5% Lidocaine 5% Cream (QTY #60g) SIG: Apply to the affected area twice daily. *Hard Copy Required	<input type="checkbox"/> Misoprostol 0.0024% Mupirocin 2% Topical Spray (QTY #60mL) SIG: Spray affected area liberally, one to two sprays per wound area, twice daily as directed.
SCAR GEL	PLANTAR FASCIITIS
<input type="checkbox"/> Levocetirizine 2% Fluticasone 1% Pentoxifylline 0.5% (QTY #30g) SIG: Apply one-half gram (two clicks) to affected area(s) twice daily as directed.	<input type="checkbox"/> Cyclobenzaprine 2% Ibuprofen 10% Ketoprofen 10% Piroxicam 2% Gel (QTY #60g) SIG: Apply to the affected area twice daily.
NAIL FUNGUS	ROUGH / DRY FEET
<input type="checkbox"/> Clotrimazole 10 mg/mL Ketoconazole 22.2mg/mL Solution (QTY #10mL) SIG: Apply to the affected area twice daily. <input type="checkbox"/> Ketoconazole 1% Salicylic 10% Solution (QTY #10mL) SIG: Apply to the affected area twice daily. <input type="checkbox"/> Clotrimazole 30 mg/mL Miconazole 30 mg/mL in DMSO Solution (QTY #10mL) SIG: Apply to the affected area twice daily.	<input type="checkbox"/> Urea 20% Lactic Acid 5% Cream (QTY #120g) SIG: Apply 1 pump to affected area(s) up to 2 times daily.
CORNS / CALLOSUSES	WARTS
<input type="checkbox"/> Salicylic Acid 20% Menthol 0.1% Cream (QTY #30g) SIG: Apply one-half gram (two clicks) to affected area twice daily as directed.	<input type="checkbox"/> Phenol 11.4% Salicylic Acid 21% Lactic Acid 24% Cream (QTY #30g) SIG: Apply to the affected area twice daily. <input type="checkbox"/> Salicylic Acid Glacial Acetic Acid Trichloroacetic Acid Solution (QTY #30mL) SIG: Apply to the affected area twice daily. <input type="checkbox"/> Salicylic Acid 12% Lactic Acid 33% Solution (QTY #30mL) SIG: Apply to the affected area twice daily. <input type="checkbox"/> Salicylic Acid 20% Fluorouracil (5-FU) 5% in DMSO (QTY #30mL) SIG: Apply to the affected area twice daily.
HYPERHIDROSIS OF THE FEET (SWEATY FEET)	RESTLESS LEG SYNDROME
<input type="checkbox"/> Glycopyrrolate 1% Cream (QTY #30g) SIG: Apply one-half gram (two clicks) to the sole of each foot once to twice daily as directed.	<input type="checkbox"/> Guaifenesin 10% Magnesium Chloride 10% (QTY #30mL) SIG: Apply to the legs and feet at bedtime.
WOUNDS/BURNS WITHOUT INFECTION	FOOT CRAMPS
<input type="checkbox"/> Allantoin 2% Vitamin D3 1,000 IU/g Aloe Vera 0.5% (QTY #30g) SIG: Apply one-half gram (two clicks) to wound area once to twice daily as directed.	<input type="checkbox"/> Ketoprofen 2% Cyclobenzaprine 2% Cream (QTY #120g) SIG: Apply 1 pump to the affected area(s) up to 3 times daily.
FOOT SOAK	
<input type="checkbox"/> Miconazole 10% Doxycycline 5% Cream (QTY #180g) SIG: Add five pumps to included bottle with warm water as directed. Pour contents into foot bath and soak feet for 10-15 minutes once daily.	

Other: _____	SIG: _____	Dispense: _____	Refills: _____
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Send to Patient Send to Office Send to Patient Send to Office

SIGNATURE _____

DATE _____

HOW TO SEND

1. Call in a prescription: (847)603-1034
2. Email prescription: ILcompoundingRx@gmail.com
3. Fax prescription: (847)232-7425
4. Upload the completed prescription order form to our website:
<https://illinoiscompoundingpharmacy.com/upload-prescription>
5. Send Electronic ERX

Ready to Experience Personalized Care?

Take the next step toward better health with Illinois Compounding Pharmacy. Whether you're looking for custom medications, expert advice, or convenient delivery options, we're here to help

Disclaimer: Illinois Compounding Pharmacy, Inc. is a 503A licensed compounding pharmacy that customizes medications to meet unique patient and prescriber needs. The FDA allows compounding when commercial drugs are in shortage or the patient is required to take a compounded drug because they will benefit from it. Compounding a product because it is cheaper than a commercial product is not allowed. Our pharmacy does not compound copies of commercially available products unless allowed by the FDA (ie FDA shortage list, allergies, palatability, etc.