ILLINOIS COMPOUNDING PHARMACY
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WOMEN'S HEALTH COMPOUND ORDER FORM

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

VAGINAL ATROPHY/ DRYNESS/ PAINFUL INTERCOURSE CAUSED BY LOW ESTROGEN LEVEL

HAIR LOSS

MEDICATION/ DIRECTION

- ☐ Finasteride 0.1% - Minoxidil S% - Tretinoin 0.025% Topical Solution
- ☐ Finasteride 0.1% - Minoxidil 10% Topical Solution

Directions

- ☐ Apply on affected area(s) of scalp topically once a day
- ☐ Other: _____

QUANTITY OR DAY SUPPLY:

☐ _____ ml ☐ _____ Vaginal Suppositories OR
☐ 30 Day Supply ☐ 60 Day Supply ☐ 90 Day Supply ☐ _____ Day Supply

REFILLS:

☐ # _____ ☐ As needed for 1 year

GENITAL HERPES

MEDICATION/ DIRECTION

- ☐ Betamethasone Valerate 0.1% - Clotrimazole 1% - Mupirocin 2% - Nystatin 100,000 Units/gm (1:1:1:1) Ointment
- ☐ (Betamethasone Valerate 0.1% - Mupirocin 2%) (1:1) (Equal Parts) + Miconazole 2% Ointment

Directions

- ☐ Apply a small amount to affected nipple(s) after breastfeeding. Do not wash or wipe off.
- ☐ Other: _____

QUANTITY OR DAY SUPPLY:

☐ _____ ml ☐ _____ Vaginal Suppositories OR
☐ 30 Day Supply ☐ 60 Day Supply ☐ 90 Day Supply ☐ _____ Day Supply

REFILLS:

☐ # _____ ☐ As needed for 1 year

Reference

Dr. Jack Newman's All Purpose Nipple Ointment (APNO)
https://www.verywellfamily.com/dr-jack-newmans-all-purpose-nipple-ointment-431885

HEMORRHOIDS

MEDICATION/ DIRECTION

- ☐ Hydrocortisone 1% - Lidocaine HCl 5% - Pramoxine HCl 1% - Zinc Oxide 12.5% Rectal Ointment

Directions

- ☐ Apply 1ml to rectal area topically or insert into anal canal 3 times a day
- ☐ Other: _____

- ☐ Hydrocorsone 1% - Lidocaine 2% (Base MBK™) Wax Suppository (Rectal Rocket)

Directions

- ☐ Insert 1 suppository rectally _____x/day
- ☐ Other: _____

QUANTITY OR DAY SUPPLY:

☐ _____ ml ☐ _____ Vaginal Suppositories OR
☐ 30 Day Supply ☐ 60 Day Supply ☐ 90 Day Supply ☐ _____ Day Supply

REFILLS:

☐ # _____ ☐ As needed for 1 year

GENITAL HERPES

MEDICATION/ DIRECTION

- ☐ Progesterone 100mg Sustained-Release Capsule
- ☐ Metformin HCl 10% Transdermal Cream

Topical Facial Cream Options for Hirsutism:

- ☐ Azelaic Acid 1% - Metformin HCl 5% - Progesterone 1% - Spironolactone 5% Facial Cream
- ☐ Azelaic Acid 1% - Metformin HCl 5% - Progesterone 1% Facial Cream
- ☐ Finasteride 0.25% Facial Cream

DIRECTIONS:

- ☐ Take 1 capsule every night at bedtime on days 14 to 25 of cycle
- ☐ Apply topically to affected area(s) twice a day
- ☐ Other:

QUANTITY OR DAY SUPPLY:

☐ _____ ml ☐ _____ Vaginal Suppositories OR
☐ 30 Day Supply ☐ 60 Day Supply ☐ 90 Day Supply ☐ _____ Day Supply

REFILLS:

☐ # _____ ☐ As needed for 1 year

☐ Send to **PATIENT** ☐ Charge to **PATIENT**
☐ Send to **OFFICE** ☐ Charge to **OFFICE**

SIGN HERE

_____ 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

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