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

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

CANDIDA GLABRATA

☐ Amphotericin B 50mg Vaginal Suppository

Directions:

☐ Insert 1 suppository vaginally daily at bedtime for 14 days

☐ 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

☐ Acyclovir 5% - Hydrocortisone 1% - Lidocaine 2% Cream

Directions:

☐ Apply to the affected area(s) 5 times 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

VAGINAL PROCEDURE ANESTHETIC (COMMONLY REQUESTED FOR MONA LISA TOUCH®)

☐ Lidocaine 23% - Tetracaine 7% Vaginal Base

Directions:

☐ To be applied topically by practitioner before procedure

☐ Other: _____

QUANTITY OR DAY SUPPLY:

☐ _____ Grams

REFILLS:

☐ # _____ ☐ As needed for 1 year

VAGINAL ITCHING

MEDICATION/ DIRECTION

☐ Naltrexone HCl 1% Vaginal Cream

☐ Ketotifen 0.05% - Naltrexone HCl 1% Vaginal Cream

Directions

☐ Apply topically 1ml (4 clicks) 2-3 times daily to affected area(s) as needed

☐ Insert 1ml (4 clicks) vaginally 2-3 times daily as needed (Dispense in vaginal Topi-Click Perl dispenser with applicator)

☐ 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

☐ Clobetasol Propionate 0.05% Vaginal (Ellage Anhydrous)

☐ Tacrolimus 0.03% Vaginal (Ellage Anhydrous)

☐ Ketofen 0.05% - Naltrexone HCl 0.5% - Tacrolimus 0.03% Vaginal (Ellage Anhydrous)

Directions

☐ Apply to the 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

Reference

Vu Ivar Lichen Sclerosis: Effect of Long-term Topical Application of a Potent Steroid on the Course of the Disease
https://jamanetwork.com/journals/jamadermatology/fullarticle/480623

☐ 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

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.