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Specialty Compounding • Certified Medical Compression Stocking Fitter

Meg Celli B.Sc.Pharm • Lou Celli B.Sc.Pharm

Patient: _____ Date: _____

Phone #: _____ HC#: _____ Date of Birth: _____

Notes: _____

Hemorrhoids / Fissures			
Rectal Rocket Lidocaine 2% Hydrocortisone 1% M: 3 or 6 S: Use 1 rectally HS	Rectal Rocket Lidocaine 2% Hydrocortisone 1% Diltiazem 2% M: 3 or 6 S: Use 1 rectally HS	Nitroglycerin 0.2% Ung M: 30g S: Apply BID & after BM	Diltiazem 2% Ung M: 30g S: Apply BID & after BM

Inflammation/Pain
Diclofenac 10% Magnesium Cl Hexahydrate 10% In <i>Lipoderm</i> M: 50g S: Apply BID-TID

Nail Fungus
Fluconazole 1% In DMSO M: 15mls S: Apply BID x 6-12 weeks

Postpartum Care
All Purpose Nipple Ung (Newman's) Betamethasone 0.05% Mupirocin 1% Miconazole 2% (+/- <input type="checkbox"/> Ibuprofen 2% for pain) M: 30g S: Apply after each feeding, do not wash off

Alcoholism
Antabuse Disulfiram 125mg, 250mg or 500mg M: 100 Capsules S: Once daily

Shingles
Amitriptyline 2% Gabapentin 10% Diclofenac 5% Lidocaine 5% In <i>Lipoderm</i> M: 50g S: Apply BID-TID

Neuropathy/Fibromyalgia
Ketamine 10% Gabapentin 10% Clonidine 0.2% Add if desired: <input type="checkbox"/> Diclofenac 10% <input type="checkbox"/> Baclofen 2% <input type="checkbox"/> Amitriptyline 5% <input type="checkbox"/> Lidocaine 5% In <i>Lipoderm Activemax</i>

Mucositis Mouthwash
Lidocaine & Nystatin Suspension (Standard or Higher Strengths) Add if desired: <input type="checkbox"/> Dexamethasone <input type="checkbox"/> Tetracycline <input type="checkbox"/> Diphenhydramine M: 300mls S: Swish and expel 10mls QID prn

UTI Pain - Phenazo
Phenazopyridine HCL 200mg Capsules M: 6 Capsules S: 1 Capsule three times daily prn (2 days maximum)

Formula Adjustments / Requests:		
SIG:		
DATE:	MITTE:	REPEATS:
Prescriber Name	Prescriber Signature	Licence Number