



1201 East Second Street
Defiance, OH 43512
Phone 419-784-4800

FAX COMPLETED FORM TO
419-784-4777

Diaper Rash Compounded Medication Order Form

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PATIENT		
First name	Last name	Date of birth
Address		City, State, ZIP
Primary phone	Secondary phone	Allergies

DIAPER RASH FORMULATIONS	
☐ Cholestyramine in Aquaphor Diaper Rash Ointment 10% Sig: AAA with each diaper change Qty: ☐ #60gm Other: _____ Refills: _____	☐ Cholestyramine 10%/ Nystatin 50,000 units/gm Sig: AAA with each diaper change Qty: ☐ #60gm Other: _____ Refills: _____
☐ Cholestyramine 10%/Mupirocin 1% Sig: AAA with each diaper change Qty: ☐ #60gm Other: _____ Refills: _____	☐ Cholestyramine 10%/Mupirocin 0.5%/ Nystatin 25,000 units/gm Sig: AAA with each diaper change Qty: ☐ #60gm Other: _____ Refills: _____
☐ Magic Butt - Nystatin (Nystatin 33%, Antacid 33%, Zinc Oxide 33%) Sig: AAA with each diaper change Qty: ☐ #60gm Other: _____ Refills: _____	☐ K-Med Sig: AAA with each diaper change Qty: ☐ #60gm Other: _____ Refills: _____
☐ K-Med/Hydrocortisone 1% Sig: AAA with each diaper change Qty: ☐ #60gm Other: _____ Refills: _____	

Additional formulas are available. Please contact the pharmacist at 419-784-4800 with any questions.

PRESCRIBER		
Prescriber name (print)	NPI #	DEA #
Address	City, State, ZIP	Phone
Prescriber signature		Date