

Women's Urology 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	

YEAST INFECTION	
☐ Boric Acid 600mg capsules (\$55) Sig: Insert 1 capsule vaginally nightly as directed Qty: _____ Refills: _____	☐ Nystatin 100,000unit Vaginal Suppositories (\$75) Sig: Insert 1 suppository vaginally at bedtime x14 nights Qty: _____ Refills: _____

VAGINAL CREAMS	
☐ Diazepam 1% Vaginal Cream (\$67) Sig: Insert 4 clicks (1ml) vaginally up to 3 times daily as needed Qty: _____ Refills: _____	☐ Baclofen 2% / Diazepam 1% Vaginal Cream (\$70) Sig: Insert 4 clicks (1ml) vaginally up to 3 times daily as needed Qty: _____ Refills: _____
☐ Amitriptyline 2% / Baclofen 2% Vaginal Cream (\$70) Sig: Insert 4 clicks (1ml) vaginally up to 3 times daily as needed Qty: _____ Refills: _____	

VAGINAL ATROPHY	
☐ Estriol 0.05% -or- 0.1% Vaginal Cream (\$67) *circle one* Sig: _____ Qty: _____ 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