Allcare
PHARMACY & COMPOUNDING

Primary Care Compound Sheet

112 S OXLEY DR. LYONS, GA
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PATIENT NAME: _____ DOB: _____ PHONE: _____

ADDRESS: _____

ALLERGIES: _____

Cognition

☐ **Low-Dose Naltrexone capsules**
☐0.5 mg ☐ 1.5 mg ☐ 3 mg ☐ 4.5 mg ☐ Other: ____ mg
Qty: ☐ 30 ☐ 60 Refills: ____
SIG: Take 1 capsule by mouth nightly at bedtime. Titrate every 1–2 weeks as tolerated.

Sexual Dysfunction

☐ **Tadalafil 7.5 mg + Sildenafil 40 mg capsules**
Qty: ☐ 30 ☐ 60 ☐ 90 Refills: ____
SIG: Take 1-2 capsule(s) by mouth as needed for sexual activity. Do not exceed 2 capsules in 24 hours.

☐ **Sildenafil 2%/Nifedipine 0.2%/Arginine 6%**
Qty: ☐ 30g ☐ 60g Refills: ____
SIG: Apply 0.25-0.5ML to clitoris 30 minutes prior to sexual activity. Gently massage in and wash hands after usage

Nausea

☐ **Promethazine Topical PLO 25 mg/0.5 mL**
Qty: ☐ 5mL ☐ 10 mL Refills: ____
SIG: Apply pea-sized amount to inner wrist or forearm every 6 hours as needed for nausea.

Hair Loss

☐ **Minoxidil 10% + Finasteride 0.1% Atrevis Hydrogel** (Extended BUD)
Qty: ☐ 60g ☐ 120g Refills: ____
SIG: Apply to affected scalp once daily at bedtime, place a hair net or cap on and leave overnight wash in the morning. Wash hands after use.

Chronic Rhinosinusitis

☐ **Budesonide capsule 0.5 mg (sinus rinse)**
☐ **Sinus rinse bottle (default)** ☐ **Nasal Nebulizer**
Qty: ☐ 60 ea ☐ 180 ea Refills: ____
SIG: Empty one capsule into device and rinse nasally twice a day as directed

Vagus Nerve Therapy

☐ **Lidocaine 4% + Prilocaine 2.5%**
Qty: ☐ 30 mL ☐ 60 mL Refills: ____
SIG: Instill 5-6 drops in each ear each night at bedtime

Pain/Inflammation

☐ **Gabapentin 4% + Ketoprofen 2% + Lidocaine 2% cream**
Qty: ☐ 60g ☐ 120g ☐ 240g ☐____g Refills: ____
SIG: Apply 2-4 grams topically to affected area up to four times per day as needed for pain

Postherpetic Neuralgia

☐ **Gabapentin 6% + Lidocaine 4% + Acyclovir 5%**
Qty: ☐ 30g ☐ 60g Refills: ____
SIG: Apply thin layer to affected area TID; do not apply to broken skin.

Hemorrhoids/Fissure

☐ **Nifedipine 0.2% + Lidocaine 4% ointment**
Qty: ☐ 30g ☐ 60g Refills: ____
_____ **Rectal Rockets** (external and internal hemorrhoids) BID
SIG: Apply a pea-sized amount (approx. 0.2–0.5 g) to the anal canal twice daily. May also apply a thin layer externally as needed for pain.

☐ **Nitroglycerin 0.4% + Lidocaine 1% ointment**
Qty: ☐ 30g ☐ 60g Refills: ____
SIG: Apply a pea-sized amount (0.2–0.5 g) inside the anal canal twice daily for 6–8 weeks or as directed.

Hormone Replacement

☐ **Progesterone oral capsules**
☐ 100 mg ☐ 150 mg ☐ 200 mg
Qty: ☐ 30 ☐ 90 Refills: ____
SIG: Take 1 capsule by mouth once daily

☐ **Estradiol capsule**
☐ 1.5 mg ☐ 2 mg ☐ 2.5 mg
Qty: ☐ 30 ☐ 90 Refills: ____
SIG: Take 1 capsule by mouth once daily

☐ **DHEA 10 mg capsule**
Qty: ☐ 30 ☐ 90 Refills: ____ SIG: Take 1 capsule by mouth once daily

☐ **Transdermal cream**

	Ingredient	Strength
☐ Estriol 80: Estradiol 20	_____mg/gm Prog	_____mg/gm_____ _____ mg/gm
☐ Estriol 60: Estradiol 40	_____mg/gm Prog	_____mg/gm_____ _____ mg/gm
☐ Estriol 50: Estradiol 50	_____mg/gm Prog	_____mg/gm_____ _____ mg/gm

Sig: Apply_____ clicks topically to skin once per day
(4 clicks=1 gram)
Qty: ☐30 days ☐90 days Refills:_____

☐ _____
☐ 2% ☐ 5% ☐ 10% ☐ 20%
Qty: ☐ 30 days ☐ 90 days Refills: ____
Sig: Apply_____ clicks topically to skin once per day
(4 clicks=1 gram)

PRESCRIBER NAME: _____ **NPI:** _____ **DEA:** _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **SUPERVISING:** _____

PRESCRIBER SIGNATURE: _____ **DATE:** _____

Substitution Permissible