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Please Fax This Completed Form to **615-891-7393**

FAMILY PRACTICE/INTERNAL MEDICINE

ANY OF THESE MEDICATIONS CAN BE MODIFIED TO YOUR PREFERENCE

MEDICATION	FORMS	ACTIONS/USES	QUANTITY
() Salicylic acid ____%	Oil/Ointment	Wart removal	60gm or 120gm
() Triple Acid (Salicyl/lactic/acetic)	Topical Liq.	Wart removal	15ml
() Thymol 3% or 4% in alcohol	Brush-on	Nail fungus	30ml
() Itraconazole/Undecylenic acid/Tea tree oil	Brush-on	Nail fungus	15ml
() Fluconazole 2%/Ibuprofen 2%/ Tea tree oil 1%	Brush-on	Nail fungus	5ml
() Promethazine 25mg/1ml	Topical gel	Nausea/vomiting	10ml or 15ml
() Ondansetron (Zofran) 4mg or 8mg	Suppository/Cream	Nausea/vomiting	QS
() Scopolamine 0.25mg/0.1ml	Topical gel	Nausea/vomiting/Motion Sickness	3ml
() Tetracaine 1%	Lollipop	Local anesthesia/sore throat	1ea
() Metronidazole Benzoate ____ mg/ml	Suspension	Anti-bacterial	QS
() Magic Mouth Wash (Tetracycline____mg/ml, Nystatin____u/ml, Diphenhydramine____mg/ml, Maalox____ml, Lidocaine____%, Hydrocortisone____mg/ml, other_____)	Suspension	Mouth irritation/infection	480ml
() Thyroid USP mg	Capsule	Hypothyroidism	30 or 100
() T3____mg/T4____mg	Capsule	Hypothyroidism	30 or 100
() Nitroglycerin 0.2%	ointment/gel	Anal fissure	30gm
() Diltiazem 2%	ointment/gel	Anal fissure	30gm
() Nifedipine 0.2% - 0.5%	ointment/gel	Anal fissure/ wound healing	30gm
() Rectal Rocket (Hydrocortisone 2%/Lidocaine 3%)	Suppository	Hemorrhoid	3 – 6 each
() GI Cocktail (Diphenhydramine____mg/ml, Maalox____ml, Lidocaine____%, Tetracycline____mg/ml, Nystatin____u/ml)	Suspension	GI upset, NVD	240ml
() Ketoprofen 10% or 20%	Lipoderm	Anti-Inflammatory (AI)	30 or 60gm
() Ketoprofen 20%/Lidocaine 10%	Lipoderm	Anti-Inflammatory + Anesthetic	30 or 60gm
() Keto 10%/Lido 10%/Carisoprodol 1%	Lipoderm	AI + Anesthetic + Muscle relax	30 or 60gm
() Ketamine 5%/Amitriptyline 2%/Gabapentin 6%	Lipoderm	Peripheral Neuropathy	30 or 60gm
() Amitriptyline 2%/ Deoxy-D-Glucose 2%/Gabapentin 10%/Ketoprofen 5%/Tetracaine 1%	Cream	Postherpetic Neuralgia	30gm
() Acetaminophen 325 mg/ Dichloralphenazone 100 mg /Isometheptene 65 mg	Capsule	Migraine	30 or 60
		(Formerly Product Midrin Unavailable)	

() Others _____
 Direction for use or OFFICE USE: _____ Refills: _____

Comments: _____

Doctor's Name _____ Doctor's Signature _____
 Doctor's Address _____ Doctor's Phone # _____
 Patient's Name _____ Patient's Phone # _____