



True Compounding

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truecompounding.net

Compounded Family Medicine

Prescription Order Form

Date: _____

Patient's Name: _____

DOB: _____ Phone Number: _____

Mouthwashes

Equal parts.

- Diphenhydramine 12.5mg/5mL
- Maalox
- Nystatin suspension 100,000 u/mL
- Lidocaine 2%

Add ingredient(s): _____

Directions: QD BID TID QID Other: _____

Check one: Spit Swallow

Quantity: 8 oz 16 oz Other: _____

Refills: _____

Antifungals

Apply topically to affected areas.

- "Fungus Buster" Ointment**
Miconazole 2%, Clotrimazole 1%,
Ibuprofen 1%, Hydrocortisone 1%

Add ingredient(s): _____

Directions: QD BID TID Other: _____

Quantity: 30gm 60gm 90gm Other: _____

Refills: _____

Provider's Name: _____

Phone Number: _____ NPI: _____

Dispense as written

Substitution permitted

Rectal Preparations

- "Rectal Rocket" Suppository**
Hydrocortisone 2.5%, Pramoxine 1%,
Lidocaine 2%

Add ingredient(s): _____

Directions: Insert 1 suppository QHS
PRN for hemorrhoids

Quantity: 5 10 Other: _____

Refills: _____

- Diltiazem 2% / Lidocaine 5% Ointment**

Add ingredient(s): _____

Directions: Apply pea-sized amount rectally BID
PRN for rectal fissures/spasms

Quantity: 30gm 60gm 90gm
 Other: _____

Refills: _____