CONNECTED HEALTH PHARMACY
Wellness | Care | Community

Podiatry Compounding Order Form

Pharmacy Address: 3907 Grandview Dr. Suite D Simpsonville, SC 29680
Phone: 864-757-8335 Fax: 888-589-6772 (toll free)
Email: pharmacy@connectedhrx.com

PATIENT INFO

Patient Name: _____ Date of Birth: _____/_____/_____ For Admin Use:

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____ City: _____ State: ____ Zip: _____

Last 4 of SSN: _____ Drug Allergies & Health Conditions: _____

Corns/Callouses	☐ Salicylic Acid 20%/Menthol 0.1% Topical Cream (CHP64)
Nail Removal (Non-surgical)	☐ Urea 40%/Bacitracin 500U/gm/Clotrimazole 2%/Ibuprofen 2% Topical Ointment (CHP74)
Fungal Skin Infection	☐ Clotrimazole 2%/Ibuprofen 2%/Tea Tree Oil 5% in DMSO Topical Solution (CHP59)
	☐ Ketoconazole 2%/Tea Tree Oil 5% in DMSO Topical Solution (CHP48)
Nail Fungus	☐ Itraconazole 1% in DMSO Nail Suspension (CHP09)
	☐ Itraconazole 1%/Miconazole 3%/Tea Tree Oil 6.6%/Urea 10%/Biotin 0.6% in DMSO Nail Suspension (CHP39)
Medical foods/suppliment	☐ Pre-Dx
	☐ Active B12-Folate
Transdermal/Topical Pain Creams	
Heel Spurs	☐ Ketamine 10%/Gabapentin 6%/Tizanidine 0.2%/Nifedipine 2% Cream (CHP56)
Planter Fasciitis	☐ Ketoprofen 10%/Cyclobenzaprine 1%/GABA 6%/Lido 2%/ Prilocaine 2% Cream (CHP15)
	☐ Lidocaine 2%/Diclofenac 3%/Baclofen 2% Cream (CHP26)
Diabetic Neuropathy	☐ Ketamine 10%/Nifedipine 10%/Pentoxyphylline 5%/GABA 6%/ Lido 3% Cream (CHP54)
	☐ Ketamine 5%/Amitriptyline 2%/ Baclofen 2%/Ketoprofen 10% Topical Cream
	☐ Ketamine 10%/Gabapentin 6%/Tizanidine 0.2%/Nifedipine 2% Topical Cream
Foot Cramps	☐ Guaifenesin 10% Cream (CHP47)
	☐ Ketoprofen 20%/Cyclobenzaprine 2%/ Lidocaine 10% Cream
Iontophoresis	☐ Dexamethasone 4% Solution 4Oz
Foot Soaks	☐ Urea 40%, Terbinafine 1%, Fluconazole 2% , Clobetasol 0.05% Foot Soak powder (#30 doses) (CHP87) — **Directions:** add 1 dose (1tbsp) to foot bath. Soak feet for 10 minutes
Warts	☐ Flurouracil 5%/Salicylic Acid 6% Topical Cream (CHP69)
	☐ Flurouracil 5%/Salicylic Acid 15%/Cimetidine 5% in DMSO (CHP35) / Cream (CHP85)

☐ **Custom Compound:**

Refills: ○ 4 ○ 3 ○ 2 ○ 1 ○ 0 ○ **PRN**	○ 30 GM 60 GM 120 GM Other QTY:
☐ Apply 1-2 grams to affected area 4-6 times daily.	**SIG:**

Provider Information

Provider Address: **Phone:** **Fax:**

Prescriber Name	**NPI:**	**DEA:**

Signature: Date:

DAW: _____ Substitution Permitted: _____

Fax completed form to (888) 589-6772 | Patient MUST contact Connected Health Pharmacy before the prescription order will be processed: 864-757-8335