

Patient Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Allergies \_\_\_\_\_

## Wound Care Applications (To be compounded – Commercially available products not sufficient for treatment.)

Fixed Dose Combinations		
<input type="checkbox"/> <b>Debridement Powder</b> Urea 25%    Sucralfate 5% Iodoform 2%    Naltrexone 0.03% <b>PLUS</b> <input type="checkbox"/> Metronidazole 2% <input type="checkbox"/> Gentamicin 0.2% <input type="checkbox"/> Lidocaine 2% Qty: Q.S. for wound size    Day Supply: 14 days Sig: Clean site and apply to affected area with each dressing change	<input type="checkbox"/> <b>Skin Conditioning/Repair Cream</b> Emu Oil 6%    CoQ10 0.5% Urea 10%    Salicylic Acid 1.5% Aloe Vera 1% Qty: 80 grams    Day Supply: 30 days Sig: Apply 0.5 - 1 gram to affected area 2-3 times daily.	<input type="checkbox"/> <b>Keratolytic Cream</b> Urea 30% Salicylic Acid 5% Aloe Vera (200:1) 1% <b>PLUS</b> <input type="checkbox"/> Gentamicin 0.2% <input type="checkbox"/> Itraconazole 1% <input type="checkbox"/> Mupirocin 2% Qty: Q.S. for wound size    Day Supply: 30 days Sig: Apply 0.25 gram to affected area twice daily.
<input type="checkbox"/> <b>Wound Care Gel - Closure</b> Sildenafil 6% Phenytoin 5% Misoprostol 0.0024% Pentoxifylline 2% Qty: Q.S. for wound size    Day Supply: 30 days Sig: Apply 0.5 - 1 gram to affected area daily or as directed.	<input type="checkbox"/> <b>Closure Powder</b> Phenytoin 5%    Misoprostol 0.0024% Naltrexone 0.03%    Nifedipine 0.2% Sucralfate 5%    GHK-Cu 0.03% <b>PLUS</b> <input type="checkbox"/> Gentamicin 0.2% Qty: Q.S. for wound size    Day Supply: 30 days Sig: Clean/dry site prior to application. Aspirate thin layer of powder onto surface of wound with each dressing change.	<input type="checkbox"/> <b>Closure Powder</b> Phenytoin 5%    Misoprostol 0.0024% Sildenafil 6%    Pentoxifylline 2% Naltrexone 0.03%    Sucralfate 5% <b>PLUS</b> <input type="checkbox"/> Gentamicin 0.2% Qty: Q.S. for wound size    Day Supply: 30 days Sig: Clean/dry site prior to application. Aspirate thin layer of powder onto surface of wound with each dressing change.
<input type="checkbox"/> <b>Pain Ointment</b> <b>*Note: Application to intact skin ONLY</b> Benzocaine 20% Lidocaine 10% Tetracaine 6% Qty: 30 grams    Day Supply: 30 days Sig: Apply 1 gram to affected area as directed.	<input type="checkbox"/> <b>Wound Care Gel – Fissure</b> Diltiazem 2% Lidocaine 2% <b>PLUS</b> <input type="checkbox"/> Hydrocortisone 2% Qty: 30 grams    Day Supply: 30 days Sig: Apply 0.5 gram to affected area twice daily.	<input type="checkbox"/> <b>Arthritis / Neuropathy / Sciatica - Cream</b> Ketoprofen 15% Gabapentin 6% Clonidine 0.2% Lidocaine 5% <b>PLUS</b> <input type="checkbox"/> Pentoxifylline 5% Qty: 120gm    Day Supply: 30 days Apply 0.5 to 1 gram to affected area(s) 3 to 4 times daily.
Custom Combinations		
<b>Step 1 (Antibacterial Selection)</b> <input type="checkbox"/> Per Cultures <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Ceftazidime 3%  <input type="checkbox"/> Clindamycin 2%  <input type="checkbox"/> Colistimethate 0.15%  <input type="checkbox"/> Doxycycline 2%  <input type="checkbox"/> Other _____             </div> <div style="width: 30%;"> <input type="checkbox"/> Gentamicin 0.2%  <input type="checkbox"/> Itraconazole 1%  <input type="checkbox"/> Levofloxacin 2%  <input type="checkbox"/> Meropenem 3%             </div> <div style="width: 30%;"> <input type="checkbox"/> Metronidazole 2%  <input type="checkbox"/> Mupirocin 3%  <input type="checkbox"/> Nystatin 100,000 U/gm  <input type="checkbox"/> Vancomycin 3%             </div> </div>		<b>Step 3 (Pain Management)</b> <input type="checkbox"/> Lidocaine 2% <input type="checkbox"/> Prilocaine HCl 2%
<b>Step 2 (Perfusion/Cell Growth/Misc)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> GHK-Cu 0.03%  <input type="checkbox"/> Misoprostol 0.0024%  <input type="checkbox"/> Naltrexone 0.03%             </div> <div style="width: 30%;"> <input type="checkbox"/> Nifedipine 0.2%  <input type="checkbox"/> Pentoxifylline 2%  <input type="checkbox"/> Phenytoin 5%             </div> <div style="width: 30%;"> <input type="checkbox"/> Sildenafil 6%  <input type="checkbox"/> Sucralfate 5%  <input type="checkbox"/> Zinc Oxide 20%             </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> <b>Plasma Therapy:</b>              15mls prefilled syringes              Sig: Use as directed with dressing changes           </div>		<b>Step 4 (Debridement/Keratolytic)</b> <input type="checkbox"/> Urea 25% <input type="checkbox"/> Salicylic Acid 5% <input type="checkbox"/> Iodoform 2%
<b>Qty:</b> <input type="checkbox"/> 15g(ml) <input type="checkbox"/> 30g(ml) <input type="checkbox"/> 60g(ml) <input type="checkbox"/> 120g(ml)		<input type="checkbox"/> <b>Mucoadhesive Powder (g)</b> Sig: Clean/dry site prior to application. Aspirate thin layer of powder onto surface of wound with each dressing change. <input type="checkbox"/> <b>Wound care gel (g)</b> Sig: Clean/dry site prior to application. Apply gel directly into wound bed with each dressing change.

Refills:    1    2    3    4    5    prn    zero

Wound Measurements (cm): \_\_\_\_\_

Frequency of Dressing Changes: \_\_\_\_\_

\*Prescriber (Name/Signature) \_\_\_\_\_

\*Phone # \_\_\_\_\_    \*NPI/DEA # \_\_\_\_\_

MMC Pharmacy

117 Fountains Blvd Madison MS

Phone: (601) 707-7545

Fax: (601) 856-8985