



SOUTHERN MARYLAND COMPOUNDING
CENTER PHARMACY

3643 LEONARDTOWN ROAD WALDORF, MD 20601 PHONE (301) 645-2400 FAX (301)476-0382

Date: _____ DOB: _____ Phone: _____

Patient Name: _____ Diagnosis: _____

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

Onychomycosis Nail Fungas:

- Thymol 4% / Ibuprofen 2% / Oil of Oregano 1% / Tea Tree Oil 1% / 50:50 Propylene Glycol / Ethoxy Fluconazole 2% / Itraconazole 2% / Ibuprofen 2% / DMSO
- Itraconazole 1%/Ibuprofen 2% in DMSO Nail Polish
- Itraconazole 1% / Undecylenic Acid 17% / Salicylic Acid 10% in Tea Tree Oil-DMSO Nail Polish

Peripheral Neuropathy:

- Ketoprofen 10 % / Lidocaine 5% / Baclofen 10% / Pentoxifylline 5% Gel
- Baclofen 5% / Ketoprofen 10% / Lidocaine 5% / Gabapentin 5% Transdermal
- Ketamine 10% / Gabapentin 6% / Clonidine 0.2% / Nidedipine 2%Transdermal

Anti-inflammatory-Keratolytics:

- Betamethasone 0.1% / Salicylic Acid 10% / Desonide 0.05% / Hydrocortisone 1%-2.5%

Anti-inflammatory-Steroid:

- Triamcinolone 0.05% / 0.1% Ibuprofen 2% / Menthol / Phenol 1%

Non-Surgical Nail Removal:

- Urea 40% Ointment
- Dexamethasone 0.1% / Lidocaine 5% / Gentamicin 0.3% Solution Dispensed in Sterile Droptainer

Warts:

- Phenol / Salicylic Acid / Lactic Acid
- Cream for Warts Salicylic Acid 60% /
- Ethoxy Diglycol / Petrolatum
- Trichloroacetic Acid 2% / Salicylic Acid 60%
- Cimetidine 5% / DDG 0.2% / Tea Tree Oil 10% /
- Ibuprofen 2% Transdermal 2-DDG 0.2% / Cimetidine 2% / Ibuprofen 10% / Beta Glucan 1%

Dispense: _____ Refill 1 2 3 4 5 pm SIG: _____

Other Customized Script: _____

Doctor's Name: _____ DEA: _____

Signature: _____ Phone: _____

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