



Sterile & Non-Sterile Compounding

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402-408-0015 • FAX: 402-408-0020

Patient Name: _____

Allergies: _____

Date: _____ DOB: _____ Phone: _____

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

COMPOUND FOR ONYCHOMYCOSIS

_____ Terbinafine HCL 1%, Fluconazole 3%, Ibuprofen 2%, Itraconazole 1% solution in DMSO (Rx TEMP 1737)

_____ Itraconazole 1%, Undecylenic Acid 17%, Salicylic Acid 10% in Tea Tree Oil (Rx TEMP 0088)

_____ Fluconazole 3%, Ibuprofen 2% solution in DMSO (Rx TEMP 1711)

Apply sufficient quantity, up to 1ml to affected nail(s) once daily.

QUANTITY: 15ml (one nail) _____ 30ml (multiple nails) _____ REFILLS: 0 1 2 3 4 5 : PRN

COMPOUND FOR WART REMOVAL

_____ Wart RFU (Salicylic Acid 20%, 5-Fluorouracil 5%, Tretinoin 0.1%) topical susp 15ml(Rx TEMP 0303)

_____ Wart RS (Salicylic Acid 30%, Tretinoin 0.1%) topical suspension 15ml (Rx TEMP 0652)

_____ Cantharidin topical solution 0.7% 5 ml bottle (RX TEMP 0803)

_____ Cantharidin topical solution 1% 5 ml bottle (RX TEMP 0803)

_____ Wart Plaster (Warts and Calluses) Salicylic Acid 5%, Urea 20% 15gm

Apply sufficient quantity up to 1gm to wart(s) once daily and cover with occlusive dressing.

QUANTITY: 15ml _____ REFILLS: 0 1 2 3 4 5 : PRN

OTHER

_____ Verapamil 10% (Plantar Fibromatosis)

_____ Verapamil 10% / Pentoxifylline 3% / Flurbiprofen 10%

_____ Nifedipine 16% cream (toe butter)

_____ Magnesium Chloride 10%/Peppermint 1% Topical Cream Aching Feet

Apply sufficient quantity, up 2gm to affected area twice daily.

QUANTITY: 30gm - 60mg / REFILLS: 0 1 2 3 4 5 : PRN

M.D. Signature: _____ M.D. Written Name: _____

DEA#: _____ Phone: _____ Date: _____

Fax Order to 402-408-0020 | Price subject to change based on manufacturer