



**Sterile & Non-Sterile Compounding**

**www.jkohllrx.com**

EMAIL: jkrrx@kohllspmc.com

13110 W Dodge RD, Suite B  
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: \_\_\_\_\_

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**Commonly Used for Dermatitis - 30gm**

Doxepin HCL 5%/ Flurbiprofen 5%/ Lidocaine 2%/Triamcinolone Acetonide Micronized 0.1% in Lipoderm

Sig: Apply 2-3 times daily

**Commonly Used for Scars - 30gm**

(Post Surgery)Tamoxifen Citrate 0.1% / in Pracisil

(Keloid Scar) Betamethasone 0.5%, Loratadine 1% Topical Gel in Pracasil

(Stretch Marks) Topiramate 2.5% / Aloe Vera 0.5%/Pracisil

Sig: Apply 2-3 times daily

**Commonly Used for Shingles/Postherpetic Neuralgia -30gm**

Deoxy-D-Glucose(2) 0.2%, Gabapentin 6%, Flurbiprofen 10%, Amitriptyline HCL 2% Tetracaine HCL 1% Topical in Lipoderm

Sig: Apply 4-5 times daily during active outbreak. Once lesions clear, apply QID until pain decreases then TID until pain is gone.

**Commonly Used for Eczema or Psoriasis - 30gm**

Cyanocobalamin 0.7% with Tranilast 0.5%

Clobetasol Soln 50cc / camphor0.5% / Menthol0.5%/ Cerave Cream 16oz. QS

Desonide 0.075% in Lipoderm

**Commonly Used for Nail Fungus - 10ml**

Itraconazole 1%, Flurbiprofen 2%, DMSO

Terbinafine 3%, Fluconazole 3%, Flurbiprofen 2% in DMSO

Sig: Apply 3-4 times daily as directed

**Commonly Used for Rosacea - 30g**

Metronidazole 1% / Niacinamide 4% Gel

Ivermectin 1% / Azelaic Acid 15%

**Commonly Used for Warts - 10ml**

Salicylic Acid 20%, Fluorouracil 5%, Retinoic Acid 0.1%

Salicylic Acid 30%, Retinoic Acid 0.1% (Recommended for children under 8)

Glycolic Acid 15%, Salicylic Acid 2% in Topical Gel

Cantharidin 0.7%

Sig: Apply daily at bedtime cover with occlusive dressing

**Commonly Used for Keratosis Pilaris - 30gm - Use as directed**

Salicylic Acid 8%, Glycolic Acid 5% in Amlactin Lotion

**Commonly Used for Skin Brightening - 30gm - Use as directed**

Tretinoin 0.1%, Fluocinolone 0.01%, Hydroquinone 5% gel

**Commonly Used for Age Spots - 30gm - use as directed**

Hydroquinone 11%/ Kojic Acid 4% Gel

Hydroquinone Gel 4% - 6% - 8%

**Commonly Used for Diaper Rash -65gm - Use as directed**

Cholestyramine in Aquaphor 12gm / 53gm

**Commonly Used for Precancerous Spots - 15gm - Use as directed**

5-Fluorouracil 2% Glycolic Acid 2.5% Cream

**Commonly Used for Lip Moisturizer 3g - Use as directed**

5-Fluorouracil 2% Lip Balm

**Commonly Used for Acne -30gm - Use as directed**

Clindamycin 0.6gm / Sulfacetamide 10% / Sulfur 5%

**Commonly Used for Seborrheic Dermatitis -30gm**

Fluocinolone Acetonide 0.01% - Cyanocobalamin 0.7%

Sig: Use once daily, as directed

M.D. Signature: \_\_\_\_\_ M.D. Written Name: \_\_\_\_\_

DEA#: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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Allergies: \_\_\_\_\_

\_\_\_\_\_ PGE1 10ug/cc

\_\_\_\_\_ PGE1 25ug/cc

\_\_\_\_\_ PGE1 20ug/cc-Phentolamine 1mg/cc

\_\_\_\_\_ PGE1 20ug/cc-Phentolamine 1mg/cc-Papaverine 30mg/cc

\_\_\_\_\_ Papaverine 30mg/cc-Phentolamine 1mg/cc

\_\_\_\_\_ PGE1 20ug/cc-Phentolamine 1mg/cc Papaverine 30mg/cc / Atropine 0.18mg/cc

\_\_\_\_\_ Syringes 31 G, 1 cc, 5/16" Qty: \_\_\_\_\_ 10pak

Quantity: 5ml Refill: 0 — 1 — 2 — 3 — 6 Months — 1 Year

\_\_\_\_\_ Sildenafil 20mg - 50mg - 100mg Qty: \_\_\_\_\_ Use as directed Refill: \_\_\_\_\_

\_\_\_\_\_ Tadalafil 6mg Troche Qty: 30 Use as directed Refill: \_\_\_\_\_

\_\_\_\_\_ Tadalafil tablet 10 mg - 20mg Qty: \_\_\_\_\_ Use as directed Refill: \_\_\_\_\_

\_\_\_\_\_ Tadalafil 10mg / Sildenafil 25mg troche Qty: 30 Use as directed Refill: \_\_\_\_\_

Directions: \_\_\_\_\_

M.D. Signature: \_\_\_\_\_

M.D. Printed Name: \_\_\_\_\_



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**ADULT & PEDIATRIC UROLOGY**

Estradiol Cream \_\_\_\_\_ 0.015% \_\_\_\_\_ 0.03% \_\_\_\_\_ 30gm \_\_\_\_\_ 60gm  
\_\_\_\_\_ Insert 1gm vaginally hs for 2-4 weeks then 1gm vaginally hs 2-3 times a week thereafter  
\_\_\_\_\_ Insert 1gm vaginally hs for 2 weeks then 1gm vaginally hs 2 times a week thereafter

Estradiol \_\_\_\_\_% / Testosterone \_\_\_\_\_% Cream  
\_\_\_\_\_ Apply 0.5ml to vaginal/clitoris daily \_\_\_\_\_ Apply 0.5ml to vaginal/clitoris BID

Testosterone \_\_\_\_\_% Cream 15gm Apply 0.5ml to vaginal opening/clitoris daily

Testosterone \_\_\_\_\_ mg/gm Cream \_\_\_\_\_ 30gm \_\_\_\_\_ 60gm  
Women 1mg-10mg/gm Men 50mg-200mg/gm Apply 1gm to inner arm or inner thigh once daily

Boric Acid Suppository \_\_\_\_\_ 300mg \_\_\_\_\_ 500mg Insert 1 suppository vaginally hs Qty \_\_\_\_\_

Valium Vaginal Suppository \_\_\_\_\_ 5mg \_\_\_\_\_ 10mg Insert 1 suppository vaginally hs Qty \_\_\_\_\_

Baclofen Vaginal Suppository \_\_\_\_\_ 5mg \_\_\_\_\_ 10mg Insert 1 suppository vaginally hs Qty \_\_\_\_\_

Lidocaine Topical Cream 5% 15gm Apply to vaginal opening 10 min prior to intercourse

Other: \_\_\_\_\_

**M.D. Signature:** \_\_\_\_\_

**M.D. Written Name:** \_\_\_\_\_

**DEA#:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**COMBINATION ANTI-INFLAMMATORY AND NEUROPATHIC TRANSDERMAL PAIN CREAMS**

\_\_\_\_\_ Meloxicam 0.09% / Lamotrigine 2.5% / Lidocaine 2% / Prilocaine 2%

\_\_\_\_\_ Flurbiprofen 10% / Cyclobenzaprine 2% / Gabapentin 6% / Lidocaine 2% / Prilocaine 2%

**ANTI-INFLAMMATORY- PAIN CREAMS**

\_\_\_\_\_ Flurbiprofen 10% / Cyclobenzaprine 2% / Lidocaine 2% / Prilocaine 2%

\_\_\_\_\_ Meloxicam 0.09% / Lidocaine 2% / Prilocaine 2%

\_\_\_\_\_ Ketoprofen 10% / Lidocaine 2% / Prilocaine 2%

**NEUROPATHIC - PAIN CREAMS**

\_\_\_\_\_ \*\* Ketamine 10% / Amitriptyline 2% / Gabapentin 6% / Lidocaine 2% / Prilocaine 2%

\_\_\_\_\_ \*\* Ketamine 10% / Amitriptyline 2% / Lidocaine 2% / Prilocaine 2%

\_\_\_\_\_ \*\* Ketamine 10% (in lipoderm)

**\*\* RE-WRITTEN MANDATORY FOR KETAMINE:** \_\_\_\_\_

Sig/Directions: \_\_\_\_\_ Qty: \_\_\_\_\_ Date: \_\_\_\_\_

**These directions pertain to all the above compounds:**

*Directions:* Apply 1-2 pump (0.5-1gm) topically up to three times daily

QTY: 60gm      Refills:      0      1      2      3      4      5      :      PRN

M.D. Signature: \_\_\_\_\_

M.D. Written Name: \_\_\_\_\_

DEA#: \_\_\_\_\_ Phone: \_\_\_\_\_

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**VETERINARY FAX ORDER FORM**

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drug: \_\_\_\_\_ Qty: \_\_\_\_\_ x \_\_\_\_\_ ml

Directions: \_\_\_\_\_

Prescribed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Product Selection Permitted

Prescribed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Dispense as Written

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drug: \_\_\_\_\_ Qty: \_\_\_\_\_ x \_\_\_\_\_ ml

Directions: \_\_\_\_\_

Prescribed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Product Selection Permitted

Prescribed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Dispense as Written

Pet Name: \_\_\_\_\_ Species: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Drug: \_\_\_\_\_ Qty: \_\_\_\_\_ x \_\_\_\_\_ ml

Directions: \_\_\_\_\_

Prescribed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Product Selection Permitted

Prescribed By: \_\_\_\_\_ Date: \_\_\_\_\_  
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Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INTERNAL & EXTERNAL HEMORRHOID**

\_\_\_\_\_ Rectal Rocket (2% Lidocaine • 1% Hydrocortisone) Qty: #5

\_\_\_\_\_ Rectal Rocket (2% Lidocaine • 2% Hydrocortisone) Qty: #5

\_\_\_\_\_ Rectal Rocket (Nifedipine 0.3% / Lidocaine 2% / Hydrocortisone 3%) Qty #5



QTY: 5 Sig: Insert 1 suppository rectally at bedtime.

Refill: \_\_\_\_\_

**ANAL FISSURE**

\_\_\_\_\_ Nifedipine 2% / Lidocaine 5% Ointment

\_\_\_\_\_ Nifedipine 0.3% / Lidocaine 5% Ointment

\_\_\_\_\_ Nifedipine 2% / Hydrocortisone 2.5% Ointment

\_\_\_\_\_ Nifedipine 2% Ointment

\_\_\_\_\_ Nifedipine 0.3% Ointment

Qty: 30gm - Sig: Apply a pea sized amount to anus area (1/day - BID - TID - HS - PRN) Refill: \_\_\_\_\_

M.D. Signature: \_\_\_\_\_ M.D. Written Name: \_\_\_\_\_

DEA#: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

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Estrone (E1) _____ mg	DHEA _____ mg
Estradiol (E2) _____ mg	Liothyronine(T3) _____ mcg
Estriol (E3) _____ mg	Levothyroxine (T4) _____ mcg
Bi-Estrogen (E3 / E2) _____ mg	T3/T4 _____ mcg
80%/20%    20%/80%    50%/50%    (circle)	
Tri-Estrogen (E3 / E2 / E1) _____ mg	Testosterone _____ mg
(80% / 10% / 10%)	

Progesterone \_\_\_\_\_ mg

**Dosage Form: (circle)**

Topical Cream (topi-click)    Vaginal Cream (perl + applicator)    Vaginal Gel (perl + app)

Troche    Suppository    Slow-Release Capsule    Immediate Release Capsule

**Sig:** Take \_\_\_\_\_ capsule(s) PO, \_\_\_\_\_ troche SL, Apply \_\_\_\_\_ mg topically or vaginally,  
Insert \_\_\_\_\_ suppository vaginally

**Frequency:**    Daily    BID    TID    HS    QAM    QPM    other \_\_\_\_\_

**Dispense:**    30 days supply    60 days supply    90 days supply    other \_\_\_\_\_

**Refills:** \_\_\_\_\_    No refills    (please circle)

**M.D. Signature:** \_\_\_\_\_

**M.D. Written Name:** \_\_\_\_\_

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Name	mg
Estradiol (E2)	
Estriol (E3)	
Progesterone	
Bi-Estrogen (E3 / E2) 80/20	
Bi-Estrogen (E3 / E2) 50/50	
Tri-Estrogen (E3 / E2 / E1)	
Testosterone	
Name	mcg
Liothyronine(T3)	
Levothyroxine (T4)	
T3/T4	

Dosage Form	
Topical Cream (topi-click)	
Vaginal Cream (perl + applicator)	
Vaginal Gel (perl + app)	
Troche	
Suppository	
Slow-Release Capsule	
Immediate Release Capsule	

**Sig:** Take \_\_\_\_\_ capsule(s) PO, \_\_\_\_\_ troche SL, Apply \_\_\_\_\_ mg topically or vaginally,  
 Insert \_\_\_\_\_ suppository vaginally

**Frequency:** Daily BID TID HS QAM QPM other \_\_\_\_\_

**Dispense:** 30 days supply 60 days supply 90 days supply other \_\_\_\_\_

**Refills:** \_\_\_\_\_ **No refills** (please circle)

**M.D. Signature:** \_\_\_\_\_

**M.D. Written Name:** \_\_\_\_\_

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