

Compounded OB/GYN Order Form

These are our most commonly prescribed options, we can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name: _____

Phone: _____

DOB: ____/____/____

Address: _____

Vaginal Pain Creams (For post-birth or idiopathic vaginal pain)

Gabapentin 6%/Amitriptyline 6%/Baclofen 2.5% #30 gram tube
(pain with spasm or clamping during intercourse)

Gabapentin 6%/Amitriptyline 6%/Lidocaine 2% #30 gram tube
(topical/scar or vaginal wall pain without spasm)

-Insert or apply ½ gram vaginally 1-2 times daily, or use 15-30 minutes prior to intercourse

Anal Fissures/Hemorrhoids Rectal Ointment

Nifedipine 0.3%/Lidocaine 1.5% Rectal Ointment #30 gram tube
-Apply pea sized amount rectally 3-4 times daily as directed

Vaginal Dryness/Atrophy

Estriol 0.6% vaginal cream #15 gram tube
- Insert/Apply ½ gram vaginally daily for two weeks, then use ¼- ½ gm 2-3 times weekly

Nipple Ointment

Mupirocin 2%/Triamcinolone 0.1%/Clotrimazole 2% #30 gram tube
- Apply sparingly to nipple/areola after feedings and showers

Suppository

Diazepam 5gm suppository #60 supp

Diazepam 10mg suppository #60 supp

-Unwrap and insert one suppository vaginally twice daily

Signature: _____

Printed Provider Name: _____

Date: _____ Refills: _____ NPI: _____