

FAX WATKINS PHARMACY 231-737-1329
EMAIL: WATKINSPHARMACY@WATKINSPHARMACY.COM

WATKINS
PHARMACY
1391 E SHERMAN BLVD
MUSKEGON, MI 49444
(231) 739-7158



THIS SHEET IS FOR INFORMATIONAL PURPOSES ONLY
ALL PRESCRIPTIONS WILL NEED AN INDIVIDUAL PRESCRIPTION
WATKINS COMPOUNDING PHARMACY IS A 503A PHARMACY

THEOPHYLLINE 20mcg/0.12ML NASAL SPRAY INSTILL ONE SPRAY INTO EACH NOSTRIL ONCE DAILY (1 SPRAY =0.12ml)	KENDELL NASAL IRRIGATION LIDOCAINE HCL 3%/PHENYLEPHRINE 1% IN A SALINE BASE / BZK PRESERVATIVE USE AS DIRECTED
GENTAMYCIN NASAL IRRIGANT GENTAMYCIN 80mg/250 ML SALINE 250ML OR 500ML OR 1000ML USE AS DIRECTED	SERC CAPSULES (BETAHISTINE) 4mg 8mg 16mg TAKE ____ CAPSULE ____ TIME(S) A DAY
BACTROBAN NASAL IRRIGATION 7gm/L OR 22gm/L USE AS DIRECTED	TETRACAINE HCL 2% SOLUTION IN NORMAL SALINE BASE BZK PRESERVATIVE USE AS DIRECTED
DSC EAR POWDER DIFLUCAN / SULFANILAMIDE / CHLORAMPHENICOL Qty: 4 puffers (patient use) Qty: 3 vials (for office use) USE AS DIRECTED	COCAINE SUBSTITUTE SOLUTION LIDOCAINE HCL 4% / PHENYLEPHRINE HCL 1% USE AS DIRECTED

CUSTOM FORMULAS WELCOME
LAB DIRECT: 231-683-1708 FAX 231-737-1329

FOR FAX TRANSMITTAL TO WATKINS PHARMACY 231-737-1329
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NAME: _____ DOB: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: ____ (____) _____ ALLERGIES: _____

All compounds will require a written prescription for each *individual* patient.

DATE: _____

MEDICATION: _____

QTY: _____ REFILLS: _____

Sig: _____

Physician Name (Print): _____

Physician Signature: _____

DEA # _____ Office Phone #: _____ DATE: _____

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***THIS FORM IS ONLY TO BE USED BY A LICENSED HEALTH PROFESSIONAL
PRESCRIPTIONS WILL BE VERIFIED BY THE OFFICE***