

**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**

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

<b>SAL 25 /SULF 6 / HC 1 CREAM</b> SALICYLIC ACID/SULFER/HYDROCORTISONE NDC: 00928-0747-04  <b>50GM</b> <b>APPLY AS DIRECTED</b>	<b>SALICYLIC 60/FORMALIN CREAM</b> NDC: 01202-0439-04  <b>50GM</b> <b>APPLY AS DIRECTED</b>
<b>SALICYLIC 1% / EUCERIN CREAM</b> NDC: 00129-0901-07  <b>50GM</b> <b>APPLY AS DIRECTED</b>	<b>SALICYLIC ACID 6% / EUCERINE CREAM</b> NDC: 00617-2855-09  <b>50GM</b> <b>APPLY AS DIRECTED</b>
<b>SALICYLIC ACID 16.7% NAIL BOTTLE</b> NDC: 00616-0454-04  <b>15ML</b> <b>BRUSH ON AS DIRECTED</b>	<b>GLUTARALDEHYDE 10% SOLN</b> NDC: 00711-5085-16  <b>15ML</b> <b>BRUSH ON AS DIRECTED</b>
<b>CANTHERONE TOPICAL SOLN</b> NDC: 01130-0346-09 CANTHARIDIN/HYDOXYCELLULOSE/ACETONE/FLEXIBLE COLLODION  <b>10ML</b> <b>APPLY AS DIRECTED BY PHYSICIAN</b>	<b>CANTHERONE PLUS TOPICAL SOLN</b> NDC: 01203-0380-09 CANTHARIDIN/HYDROXYCELLULOSE/SALICYLIC ACID/PODOPHYLLUM RESIN/PODOPHYLLUM RESIN/ACETONE/FLEXIBLE COLLODION  <b>10ML</b> <b>APPLY AS DIRECTED BY PHYSICIAN</b>

**CUSTOM FORMULAS WELCOME**

**LAB DIRECT: 231-683-1708**

**FAX: 231-737-1329**

FOR FAX TRANSMITTAL TO WATKINS PHARMACY 231-737-1329  
EMAIL: [WATKINSPHARMACY@WATKINSPHARMACY.COM](mailto:WATKINSPHARMACY@WATKINSPHARMACY.COM)

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



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: \_\_\_\_\_

**CUSTOM FORMULAS WELCOME**

**LAB DIRECT: 231-683-1708**

**FAX: 231-737-1329**

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