

# COMPOUNDING SHOP PHARMACY

Established 1982

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Visit our website: [mycompoundingshop.com](http://mycompoundingshop.com)

## DERMATOLOGY

ANY OF THESE MEDICATIONS CAN BE MODIFIED TO YOUR LIKING

MEDICATION	FORMS	ACTIONS/USES	QUANTITY
( ) Kenalog ____ mg in _____	Cream/Lotion	Topical steroid	_____ mg or ml
( ) Quinacrine 50mg or 100mg	Capsule	Antimalarial, SLE	QS
( ) Thymol 3% or 4% in alcohol	Brush-on	Nail fungus	30ml
( ) Itraconazole 1%/	Brush-on	Nail fungus	15ml
Undecylenic acid 17%/Tea tree oil 17% in DMSO			
( ) Fluconazole 2%/Ibuprofen 2%/ Tea tree oil 1%	Brush-on	Nail fungus	15ml
( ) Triple Acid (Acetic/Lactic/Salicy)	Solution	Warts	15ml
( ) Cantharidin 1%/Podophyllum 5%/Salicylic acid 30%	Solution	Warts	10ml
( ) Zinc Oxide Shake Lotion	Lotion	Acne	240ml
( ) Clobetasol 50mg in Zinc pyrithione	Lotion	Psoriasis, eczema	120ml
( ) Coar tar (LCD) 3% +/-	Ointment	Psoriasis, eczema	120gm or 240gm
Triamcinolone 0.1% +/- salicylic acid 2%			
( ) Aladerm (20% urea)	Cream	Dry skin and lips	QS
( ) Hydroquinone 4%/Glycolic acid 5%/Kojic acid 2%	Cream	Dark spots on face	30gm
( ) Urea 40% +/- Clotrimazole 2%	Cream	Keratolytic/Antifungal	60gm
( ) Trichloroacetic Acid 20%	Solution	Keratolytic/Wart Removal	15ml
( ) Benzocaine 20%/Lidocaine 6%/ Tetracaine 4%	Cream	Local Anesthetic	30 or 60gm
( ) Lidocaine 10%/Prilocaine 10%/ Tetracaine 4%	Gel	Local Anesthetic	30 or 60gm
( ) Aluminim Cl 20%/Clotrimazole 2%	Roll-On	Hyperhidrosis	60ml
( ) Methenamine 5%	Gel/Lotion	Hyperhidrosis	60ml
( ) Tamoxifen Cit 0.1%/Kenalog 1%	Cream	Keloid/Hypertrophic Scars	60gm
( ) Any of the following in Cream, Ointment, Solution, Gel: (Please circle and indicate strength)			
Allantoin ____, Alpha-lipoic acid ____, Clindamycin ____, collagen ____, elastin ____, glycolic acid (alpha-hydroxy) ____, kojic acid ____, hydrocortisone ____, hydroquinone ____, lactic acid ____, retinoic acid (tretinoin) ____, vitamins A ____, B5 ____, C ____, E ____, Others _____			
( ) Others _____			

Direction for use or OFFICE USE: \_\_\_\_\_

Refills: \_\_\_\_\_

Comments: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

Doctor's Address \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Patient's Name \_\_\_\_\_ Patient's Phone # \_\_\_\_\_