



PEACH VALLEY

**U Save It Pharmacy - Peach Valley**

2310 Chesnee Hwy,

Spartanburg, SC 29303

P: 864-577-0087 F:864-577-0599

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

COMPOUNDED MEDICATION	STRENGTH	DISPENSE	DIRECTIONS	REFILLS
<b>Vaginal Dryness:</b>				
Estriol (E3) – U Cream	<input type="checkbox"/> 1 mg/gm	<input type="checkbox"/> 30gm tube	Insert 1gm vaginally QHS for two weeks, then decrease to 1gm vaginally 2-3 times a week as needed.	
<b>Incontinence/Libido:</b>				
Testosterone – U Cream	<input type="checkbox"/> 0.5%	<input type="checkbox"/> 30 gm Tube	Insert 0.5 to 1gm Vaginally QHS	
<b>Vaginal Dryness/ Incontinence/Libido:</b>				
Estriol/Testosterone – U Cream	<input type="checkbox"/> 2 / 8 mg/ml	<input type="checkbox"/> 8 ml Pump	Apply 1 pump (0.25ml) to vaginal and clitoral area QD	
<b>Libido – Scream Cream:</b>				
Arginine/ Papaverine/ Ergoloid Cream 6/3/0.05/5%	<input type="checkbox"/> with Arginine <input type="checkbox"/> w/out Arginine (if active herpes)	<input type="checkbox"/> 10ml pump	Apply a small amount to clitoral area 30 minutes prior to sexual intercourse	
<b>Prior to Surgery:</b>				
BLT: Benzocaine/Lidocaine/Tetracaine	<input type="checkbox"/> 20/6/4%	<input type="checkbox"/> 30 gm Pump	Apply a pea sized amount 2 hours before surgery and cover with pad (for external use around labia)	
<b>Hemorrhoids:</b>				
Rectal Rocket Suppository: Lidocaine / Hydrocortisone	<input type="checkbox"/> 3/2%	<input type="checkbox"/> 3 Supp	Insert 1 suppository rectally QHS	
<b>Genital Herpes:</b>				
Acyclovir / Lidocaine / Deoxy-D-Glucose – U Cream	<input type="checkbox"/> 5 / 5 / 2 %	<input type="checkbox"/> 30gm Pump	Apply a small amount to external genitalia BID	

U Cream = Vaginal Cream

Doctor Name (Printed): \_\_\_\_\_ DEA: \_\_\_\_\_ Phone: \_\_\_\_\_

Dispense as Written

Substitution Permitted