



Patient Name		Prescriber Name	
Date of Birth		Office Phone #	
Phone #		Office Fax #	
Street Address		Street Address	
City, State, Zip		City, State, Zip	
Allergies		NPI	
Email		DEA	

5/24

HOW TO SEND A PRESCRIPTION

1. Write prescription on prescription pad or this order form and fax over to 201-447-3253 OR email to pharmacist@tccompound.com.
2. E-Scribe to "Town & Country Compounding & Consultation."
Make sure our address is 535 E Crescent Avenue, Ramsey, NJ 07446.
3. Call in prescription to 201-447-2020 (option 1).

- | | | |
|---|-----------|--|
| <input type="checkbox"/> Send to PATIENT | OR | <input type="checkbox"/> Send to OFFICE |
| <input type="checkbox"/> Charge PATIENT | OR | <input type="checkbox"/> Charge OFFICE |

INGREDIENT OPTIONS

- If wound is infected → Add Metronidazole
- To increase blood flow → Add Arginine and/or Pentoxifylline
- If wound is painful → Add Lidocaine
- For barrier protection → Add Beta Glucan
- To accelerate wound closure → Add Naltrexone

POWDER DOSAGE FORM

- To be directly sprinkled into the wound.
- Powders are used when the wound is weepy and wet.
The powder soaks up exudate and then forms a gel.
- If a wound is wet (has exudate), the medicated wound powder will absorb the moisture and form a protective shield as it dries
- If a wound is dry, the medicated powder is sprinkled onto the wound and may be moistened with purified water, sterile water or saline to form a protective shield.

- Lidocaine 1%/Misoprostol 0.0024%/Phenytoin 2% Topical Powder for Reconstitution (EctoSeal P2G™)
- Metronidazole 2%/Misoprostol 0.0024%/Phenytoin 2% Topical Powder for Reconstitution (EctoSeal P2G™)
- Misoprostol 0.0024%/Naltrexone HCl 0.1%/Pentoxifylline 2%/Phenytoin 2%/Arginine HCl/Beta Glucan Topical Powder (EctoSeal P2G™)
- Other: _____

DIRECTION Sprinkle and pack powder into the wound as directed. _____

QUANTITY 10gm 15gm 30gm _____ gm **REFILL** # _____

GEL DOSAGE FORM

- Water-based gel (Hydrogel).
- Recommended for non-weeping wounds.

- Lidocaine 2%/Phenytoin 2%/Misoprostol 0.0024% Topical Hydrogel (EctoSeal P2G™)
- Metronidazole 2%/Misoprostol 0.0024%/ Phenytoin 2%Topical Hydrogel (EctoSeal P2G™)
- Misoprostol 0.0024%/Phenytoin 2%/Beta Glucan Topical Hydrogel (EctoSeal P2G™)
- Other: _____

DIRECTION Apply and pack wound as directed. _____

QUANTITY 30gm 60gm 90gm _____ gm **REFILL** # _____

Prescriber Signature: _____ **Date Written:** _____