



Northwest Compounding

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Compounded Nipple Ointment Rx Template

Patient's Name: _____ DOB: _____

Address: _____ City: _____ State _____, Zip: _____

Phone: _____

Drug Allergies: _____

Formulation Selection (choose one by checking the corresponding box)

- ☐ Mupirocin 2%-Betamethasone 0.1% 1:1 with Miconazole 2%
- ☐ Mupirocin 2%-Betamethasone 0.1%-Nystatin 100,000U/gm 1:1:1
- ☐ Mupirocin 2%-Betamethasone 0.1% 1:1

Quantity Selection (choose a dispense quantity by checking the corresponding box)

- ☐ 15gm ☐ 30gm
- ☐ 45gm ☐ 60gm

Directions for Use (please choose one of the pre-worded SIGs below or manually enter the SIG of your choice)

- ☐ Apply topically as directed for breast care
- ☐ Apply small amount to nipples after feedings for up to 14 days
- ☐ _____

Refills? ☐ No Refills ☐ Refill _____ time(s)

Prescriber's Name: _____ Date: _____

Prescriber's Street Address: _____ City: _____ State: _____ Zip: _____

Prescriber's Phone Number: _____ Name of person submitting order: _____

Fax completed forms to (503)-624-0591 or email to info@northwestcompounding.com