

COMPOUNDED MEDICATIONS FOR PRIMARY CARE



This prescription may be filled at the pharmacy of your choice. | phone _____

| fax _____

| ID: _____

PATIENT			
Name		D.O.B.	
Phone	Cell		
Address			
City	State	Zip	Last 4 SSN Digits
Allergies			

PRESCRIBER		
Person Faxing Form		Date
DEA	NPI	
Address		
City	State	Zip
Phone	Fax	

To comply with DEA regulations, any controlled drug and prescribed percentage used in a formula must be handwritten by the physician or physician's agent.

▶ Is patient on blood thinners?

No Yes If yes, I authorize the same compound without the NSAID.

ANTI-INFLAMMATORY PAIN CREAMS

<input type="checkbox"/>	<p>C2. DICLOFENAC 3%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, LIDOCAINE 2% CREAM. Musculoskeletal Pain & Inflammation, TMJ.</p> <p>May sub: Diclofenac 3%, Gabapentin 2%, Lidocaine 6% Cream (C21).</p>
<input type="checkbox"/>	<p>C1. KETOPROFEN 20%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, GABAPENTIN 6%, LIDOCAINE 2% CREAM. Musculoskeletal Pain, Inflammation, Osteoarthritis, TMJ.</p> <p>May sub: Diclofenac 3%, Gabapentin 2%, Lidocaine 6% Cream (C21).</p>

NEUROPATHIC PAIN CREAMS

<input type="checkbox"/>	<p>N1. _____%, CLONIDINE 0.2%, GABAPENTIN 6%, IMIPRAMINE 3%, MEFENAMIC ACID 3%, LIDOCAINE 2% CREAM. RSD/CRP, Phantom Limb Pain, Trigeminal Neuralgia, Developing Neuropathy.</p> <p>May sub: _____%, Clonidine 0.2%, Gabapentin 2%, Amitriptyline 2%, Meloxicam 0.09%, Lidocaine 2% Cream.</p>
<input type="checkbox"/>	<p>N2. _____%, BACLOFEN 2%, GABAPENTIN 6%, IMIPRAMINE 3%, NIFEDIPINE 2%, LIDOCAINE 2% CREAM. Diabetic & Chemotherapy-Induced Peripheral Neuropathy.</p> <p>May sub: _____%, Clonidine 0.2%, Gabapentin 2%, Amitriptyline 2%, Lidocaine 2% Cream.</p>

COMBINATION CREAMS

<input type="checkbox"/>	<p>S6. FLUTICASONE 0.1%, LEVOCETIRIZINE 2%, PENTOXIFYLLINE 0.5%, PRILOCAINE 3% IN SCAR BASE. Scarring, Keloids, Strictures, Stenosis. (120 gm) Apply 1 to 2 grams to affected area twice daily as directed.</p> <p>May sub: Hydrocortisone 1%, Diphenhydramine 1%, Verapamil 2%, Lidocaine 2% in Scar Base.</p>
<input type="checkbox"/>	<p>C4. _____%, BACLOFEN 2%, CYCLOBENZAPRINE 2%, CASCADE DICLOFENAC 3%, GABAPENTIN 6%, LIDOCAINE 2% CREAM. Failed Back Syndrome, Fibromyalgia, Radiculopathy.</p> <p>May sub: _____%, Diclofenac 1%, Gabapentin 2%, Lidocaine 6% Cream.</p>
<input type="checkbox"/>	<p>C10.* DICLOFENAC 3%, CLOMIPRAMINE 5%, ORPHENADRINE 2%, DEXTROMETHORPHAN 3%, LIDOCAINE 2%, BUPIVACAINE 2%, MAGNESIUM CHLORIDE 15% IN CREAM. Musculoskeletal Pain & Inflammation, Fibromyalgia, Osteoarthritis.</p> <p>Used only as an alternate Rx if preferred compound is not covered by primary insurance.</p>

Alternate Oral Rx:

QUANTITY: 240 gm** 480 gm**
 ** Dispense a 30-day supply unless otherwise indicated.

REFILLS (please circle):
 0 1 2 3 4 5 Other: _____

SIG: Apply 1 to 2 grams to the affected area 3 to 4 times daily.

PHYSICIAN'S SIGNATURE: _____ DATE: _____