

Topical Pain Formula Prescription

Date: _____ New Patient Current Patient
Patient Name: _____ Phone: _____
Address: _____
DOB: _____ Weight: _____ Allergies: _____
Diagnosis: _____ ICD-10: _____

▪ **RX: Anti-Inflammatory Formulas**

AI Cream #1 AI Cream #2 AI Cream #3

▪ **RX: Combination & General Pain Formulas**

GP Cream #1 GP Cream #2 GP Cream #3

▪ **RX: Neuropathic Pain Formulas**

NP Cream #1 NP Cream #2 NP Cream #3

▪ **RX Formula Recommendation Option**

Please have Pharmacist evaluate patient and recommend compound for patient.
Suggested Rx will be faxed to physician for signature before being compounded.

▪ **Customized RX Formula** Please indicate medication and percentage below.

<input type="checkbox"/> Amitriptyline _____%	<input type="checkbox"/> Diclofenac _____%	<input type="checkbox"/> Ketoprofen _____%
<input type="checkbox"/> Baclofen _____%	<input type="checkbox"/> Flurbiprofen _____%	<input type="checkbox"/> Lidocaine _____%
<input type="checkbox"/> Clonidine _____%	<input type="checkbox"/> Gabapentin _____%	<input type="checkbox"/> Nifedipine _____%
<input type="checkbox"/> Cyclobenzaprine _____%	<input type="checkbox"/> Imipramine _____%	<input type="checkbox"/> Piroxicam _____%
<input type="checkbox"/> Other _____%		

➤ **Sig:** Apply 1 gram to affected area _____ times daily. **Refills:** _____
Qty: 60g 90g 120g 240g Other _____

Note: All formulas are compounded in a transdermal base.

Physician's Name: _____ Lic #: _____
Office Contact: _____
Address: _____
Office Phone: _____ Fax: _____ Cell: _____
Email: _____
DEA #: _____ NPI: _____
Physician's Signature Required: _____ Date: _____

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Topical Pain Formulas

RX: Anti-Inflammatory Formulas

(Musculoskeletal Pain, Arthritis, Tendinitis, Bursitis, Sports Injuries)

<input type="checkbox"/> AI Cream #1 Ketoprofen 10% Lidocaine 5% Baclofen 2% Cyclobenzaprine 2%	<input type="checkbox"/> AI Cream #2 Ketoporfen 5% Flurbiprofen 3% Lidocaine 5% Baclofen 2%	<input type="checkbox"/> AI Cream #3 Ketoprofen 10% Diclofenac 3% Lidocaine 5% DMSO 10%
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RX: Combination & General Pain Formulas

(Injuries & Surgeries, Neck & Back Pain, Myofacial Pain, Fibromyalgia, Sciatica, Plantar Fasciitis)

<input type="checkbox"/> GP Cream #1 Ketoprofen 15% Lidocaine 6% Cyclobenzaprine 2% Gabapentin 10%	<input type="checkbox"/> GP Cream #2 Ketoporpen 10% Lidocaine 5% Diclofenac 3% Cyclobenzaprine 2% Gabapentin 6% Baclofen 2%	<input type="checkbox"/> GP Cream #3 Ketoprofen 10% Flurbiprofen 3% Cyclobenzaprine 2% Gabapentin 8% Lidocaine 5% Menthol 2%
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RX: Neuropathic Pain Formulas

(Neck & Back Pain, Shingles, Post-Herpetic Neuralgia, Diabetic & Peripheral Neuropathy)

<input type="checkbox"/> NP Cream #1 Ketoprofen 10% Gabapentin 6% Amitriptyline 2% Lidocaine 5% Nifedipine 2%	<input type="checkbox"/> NP Cream #2 Ketoprofen 10% Diclofenac 3% Gabapentin 8% Imipramine 3% Lidocaine 6% Clonidine 2%	<input type="checkbox"/> NP Cream #3 Ketoprofen 10% Flurbiprofen 3% Gabapentin 8% Amitriptyline 2% Lidocaine 5% Cyclobenzaprine 2%
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