

TRANSDERMAL PAIN & ANTI-INFLAMMATORY FORMULATIONS

CUSTOMER SERVICE: 866.465.1043 FAX: 901.861.3095
PLEASE FAX DEMOGRAPHICS

Patient Name _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Cell _____
DOB _____ SSN _____
Drug Allergies _____ Male Female

Prescriber Name _____ Lic# _____
DEA# _____ NPI _____
Practice Name _____
Address _____ Suite _____
City _____ State _____ Zip _____
Office Phone _____ Fax _____

ANTI-INFLAMMATORY FORMULA EXAMPLES

- A-2** Cascade Diclofenac 3% - Baclofen 2% - Cyclobenzaprine 2% - Lidocaine 2% cream (CDBCL)
- A-3** Verapamil 10% - Cascade Diclofenac 3% - Baclofen 2% (VCDB)
- A-4** Ketoprofen 18% - Baclofen 2% - Cyclobenzaprine 2% - Lidocaine 6% (KBCL)
- ♦ I have indicated my preference for the above prescribed medication for my patient. However, the pharmacy may substitute either of the below formulas (A5 or A6) based on insurance coverage or limitations, or if necessitated by professional pharmacy judgment.
- ♦♦ In the area to the right, please write an X if the above is the only formula you would like prescribed _____
- A-5** Ketoprofen 20% - Baclofen 4% - Lidocaine 5% cream (KBL)
- A-6** Ketoprofen 10% - Lidocaine 2% (KL) (Alternative Formula)

NEUROPATHIC FORMULA EXAMPLES

- C-1** Gabapentin 6% - Diclofenac 3% - Baclofen 2% - Cyclobenzaprine 2% - Lidocaine 2% (GDBCL)
- C-2** Amantadine 8% - Gabapentin 6% - Diclofenac 3% - Baclofen 2% - Cyclobenzaprine 2% - Lidocaine 2% cream (AGDBCL)
- C-5** Ketoprofen 20% - Gabapentin 6% - Lidocaine 2.5% - Baclofen 2% - Cyclobenzaprine 2% cream (KGLBC)
- N-1** Amantadine 8% - Gabapentin 6% - Lidocaine 5% - Baclofen 2% - Cyclobenzaprine 2% cream (AGLBC)
- ♦ I have indicated my preference for the above prescribed medication for my patient. However, the pharmacy may substitute either of the below formulas (C8 or C9) based on insurance coverage or limitations, or if necessitated by professional pharmacy judgment.
- ♦♦ In the area to the right, please write an X if the above is the only formula you would like prescribed _____
- C-8** Ketoprofen 10% - Gabapentin 6% - Orphenadrine 5% - Lidocaine 2% (KGOL)
- C-9** Ketoprofen 10% - Imipramine 3% - Lidocaine 2% (KIL) (Alternative Formula)

SHINGLES FORMULA EXAMPLE

- S-1** Amantadine 8% - Gabapentin 6% - Lidocaine 2% - Acyclovir 5% (AGLA)
- S-2** Deoxy-D-glucose 2 - 0.2% - Gabapentin 5% - Ketoprofen 5% - Amitriptyline 2% - Tetracaine 1% (2DGKAT) (Alternative Formula)

ALL COMPOUNDS ARE COMPOUNDED WITH TRANSDERMAL BASE UNLESS NOTED OTHERWISE

SIG: Apply 1-2gm to affected area 3-4 times a day. Maximum 8gm/day. QTY: 120gm 180gm 240gm REFILLS: _____

ALTERNATIVE SIG: _____

PRESCRIBER'S SIGNATURE _____

DATE _____

DIAGNOSIS _____

Please check below boxes if desired to add to formulation.

- Acyclovir 5%** (Antiviral)
- Deoxy D-Glucose 0.1%** (Antiviral)
- Nifedipine 2%** (Tissue perfusion)
- Verapamil 6%** (Fibrosis/scarring)
- Imipramine 3%** (Neuropathic)
- Orphenadrine 3%** (Muscle Relaxant)
- Clonidine 0.2%** (Sympathetic)
- Amitriptyline 2%** (Neuropathic)
- Magnesium CL 5%** (Muscle Relaxant)
- Cyclobenzaprine 2%** (Myofascial pain)
- Triamcinolone 2%** (Corticosteroid)
- Indomethacin 5%** (Anti-inflammatory)
- Tetracaine 2%** (Anesthetic)
- Bupivacaine 1%** (Anesthetic)
- Piroxicam 2%** (Anti-inflammatory)
- Ketorolac 2.5%** (Anti-inflammatory)
- Other** _____
- Other** _____

All 'Alternative Formulas' are filled for 60 grams unless otherwise noted.

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