Springwater PHARMACY
COMPOUNDING SPECIALISTS
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PERSONALIZED MEDICATION
Transdermal Pain Management Compounds

Patient Information

Name: _____

HC#: _____ DOB: ____/____/_____ (DD MM YYYY)

Address: _____

Phone: _____

Neuropathic Pain

◯ N1		◯ N2	
Amitriptyline	2.0%	Clonidine	0.2%
Baclofen	5.0%	Diclofenac	5.0%
Clonidine	0.2%	Gabapentin	8.0%
Ketamine	10.0%	Guaifenesin	8.0%
Lidocaine	5.0%	Lidocaine	2.0%
		Nifedipine	0.2%

Consider For:
Chronic Neuropathy, Diabetic Peripheral Neuropathy, Carpal Tunnel Syndrome

Fibromyalgia

◯

Amitriptyline	3.0%
Clonidine	0.2%
Gabapentin	5.0%
Ketamine	5.0%
Ketoprofen	10.0%
Lidocaine	5.0%
Menthol	1.0%

Shingles

◯

Amitriptyline	2.0%
Capsaicin	0.05%
Diclofenac	5.0%
Gabapentin	5.0%
Lidocaine	5.0%

Postherpetic Neuralgia / Allodynia

◯

Ketamine	10.0%
Bupivacaine	0.75%

Topical Spray
m: 100mL
s: Spray to affected area as directed, or 10 minutes before using other topical therapy

Musculoskeletal Pain

◯ M1		◯ M2	
Baclofen	3.0%	Clonidine	0.2%
Diclofenac	10.0%	Cyclobenzaprine	3.0%
Lidocaine	5.0%	Ketoprofen	10.0%
Magnesium Cl	10.0%	Magnesium Cl	10.0%
Menthol	1.0%	Piroxicam	2.0%

Consider For:
Lower Back Pain, Muscle Spasm, Trigger Point Treatment, Chronic Inflammatory Pain

Inflammatory Pain / Arthritis

◯

Clonidine	0.2%
Gabapentin	5.0%
Ketoprofen	15.0%
Lidocaine	2.0%
Menthol	1.0%
Piroxicam	3.0%

Migraine & Trigger Point

◯

Ketoprofen	10.0%
Lidocaine	5.0%
Magnesium Cl	10.0%

Topical Anesthetic

◯

Benzocaine	20.0%
Lidocaine	6.0%
Tetracaine	4.0%
BLT	

Lipoderm Base
m: 50 grams
s: Apply to injection/treatment area 30-60 minutes before procedure

Hemorrhoid Ointment

◯

Diltiazem	2.0%
Hydrocortisone	2.0%
Ibuprofen	5.0%
Lidocaine HCl	3.0%

Rectal Ointment Base
m: 30 grams
s: Apply to site of inflammation two to four times daily as required

Pain creams are formulated with (unless otherwise noted):

Transdermal Liposomal Base

Lipoderm© by PCCA

Unless otherwise indicated, the following quantity and directions are appropriate, prescriber may modify quantity and directions as required

Rx Mitte: 100 Grams

or enter quantity: _____

Initial:

Refills: _____

Sig: Apply 1-2 pumps (0.5-1.0gm) to the affected area 3 to 4 times daily

Additional Directions:

Contact our knowledgable pharmacists for any modifications or questions

Prescriber Signature: _____

CPSO# or Licence#: _____ Date: _____

Prescriber Stamp / Office Location