



Compounding Pharmacy  
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**Prescribing Practitioner Information:**

Practitioner Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Medical Office Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Business Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Business Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Patient Information:**

Patient Name: \_\_\_\_\_ DOB (DD/MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Email: \_\_\_\_\_

**Health Insurance Information:**

Primary Benefits Provider: \_\_\_\_\_ Carrier ID: \_\_\_\_\_  
Plan / Group Number: \_\_\_\_\_ Certificate Number: \_\_\_\_\_  
Secondary Benefits Provider: \_\_\_\_\_ Name of Card Holder: \_\_\_\_\_  
Carrier ID: \_\_\_\_\_ Plan / Group Number: \_\_\_\_\_  
Certificate Number: \_\_\_\_\_

**Transdermal Pain Cream Formulas**

with our proprietary SMARTT*Relief*™\* MTI Cream Base

M (circle): 50g / 100g I: \_\_\_\_\_ days R: \_\_\_\_\_  
ad lib PRN date (DD/MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<input type="checkbox"/> <b>Joint Pain Inflammation Formula (F1M)</b> API: Ketoprofen 7.5% Amitriptyline 5% Lidocaine 5% in SMARTT <i>Relief</i> ™ MTI Cream Base SIG: Apply to affected area 4 to 6 times daily	<input type="checkbox"/> <b>Muscle Inflammation Formula (F2M)</b> API: Ketoprofen 10% Cyclobenzaprine 2% in SMARTT <i>Relief</i> ™ MTI Cream Base SIG: Apply to affected area 4 to 6 times daily
<input type="checkbox"/> <b>Joint Pain &amp; Muscle Inflammation Formula (F3M)</b> API: Ketoprofen 7.5% Amitriptyline 4% Lidocaine 5% Cyclobenzaprine 2% in SMARTT <i>Relief</i> ™ MTI Cream Base SIG: Apply to affected area 4 to 6 times daily	<input type="checkbox"/> <b>Joint Pain &amp; Muscle Relaxation Formula (F4M)</b> API: Ketoprofen 10% Amitriptyline 5% Lidocaine 5% Baclofen 2% in SMARTT <i>Relief</i> ™ MTI Cream Base SIG: Apply to affect area 4 to 6 times daily
<input type="checkbox"/> <b>Neuropathic Pain Formula (F5M)</b> API: Ketoprofen 10% Lidocaine 5% Baclofen 5% Gabapentin 5% in SMARTT <i>Relief</i> ™ MTI Cream Base SIG: Apply to affected area four times daily  *Skin Modulating Advanced Recovery Transdermal Technology	<input type="checkbox"/> <b>Custom Formula</b> API: _____ _____ in SMARTT <i>Relief</i> ™ MTI Cream Base SIG: _____

Notes: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_