

TOPICAL PAIN MANAGEMENT AND ORAL NSAID DELIVERY

Patient Name: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Allergies: NKDA (no known drug allergies) Aspirin/ NSAID's Cyclobenzaprine Lidocaine / Local Anesthetic Tramadol Opioid
 Gabapentin Penicillin Amitriptyline Other: _____

TOPICAL PAIN MANAGEMENT

1. ___ CMPD Topical Cream - Diclofenac Sodium 1.5%, Lidocaine 2.5%, Prilocaine 2.5%
Apply 2 grams three to four times daily for treatment of pain
2. ___ CMP Topical Cream Ketoprofen 10%, Amitriptyline 1%, Gabapentin 6%,
Lidocaine 2%, Prilocaine 2%
Apply 1gm three to four times daily for treatment of pain
3. ___ CMPD Topical Cream (NEEDS SEPARATE PRESCRIPTION) Ketamine 10%, Gabapentin 3%,
Diclofenac Sodium 1.5%, Lidocaine 2.5%, Prilocaine 2.5%
Apply 1-2gms three times daily for treatment of pain
Quantity # ___ 60gm # ___ 120gm

ORAL NSAID DELIVERY

1. ___ Celecoxib 400mg Cap #90 - Take one capsule by mouth once daily ***NSAID***
2. ___ Pantoprazole 40mg Tab #90 - Take one tab by mouth once daily ***PPI - STOMACH ACID***
3. ___ OTHER _____

Refills: (Number of refills indicated here refers to all medications listed above)

___ 1 Year ___ 5 ___ 3 ___ 1 ___ Zero

Physician Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 DEA: _____ NPI: _____

Physician's Signature

Date

