

TOPICAL PAIN MANAGEMENT AND ORAL NSAID DELIVERY

Patient's Name:	Prescriber's Name:
Street Address:	Street Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Office #:
Phone #:	Fax #:
Additional Contact #:	Patient Allergies:

 PRESCRIBER'S SIGNATURE: **X** _____ DATE: _____

TOPICAL PAIN MANAGEMENT

1. ____ Compounded Topical Cream – Gabapentin 3%, Diclofenac Sodium 1.5%, Lidocaine 2.5%, Prilocaine 2.5% #120 gm – Apply 1 gram three to four times daily for treatment of pain
2. ____ Compounded Topical Cream – Diclofenac Sodium 1.5%, Lidocaine 2.5%, Prilocaine 2.5% #120gm – Apply 1 gram three to four times daily for treatment of pain
3. ____ OTHER _____

ORAL NSAID DELIVERY

1. ____ Celecoxib 400mg Cap #90 – Take one capsule by mouth once daily
2. ____ OTHER _____

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

____ 1 Year ____ 5 ____ 3 ____ 1 ____ Zero