

Hand Pain Management Compound Order Form

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

Anti-Inflammatory Creams

- FluroTopical** – Flurbiprofen 10%*, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2.5%, Prilocaine 2.5% Cream (Muscle Strains, Sprains, Bursitis, Tendonitis, Epicondylitis, Plantar Fasciitis, Post-Surgical and Sports injuries)
- OrthoTopical** – Flurbiprofen 15%*, Betamethasone 0.1%, Lidocaine 2.5%, Prilocaine 2.5% Cream (All Forms of Arthritis, Osteo Rheumatoid)
- DicloTopical** - Diclofenac 3%, Lidocaine 2.5% Prilocaine 2.5% Cream (Arthritis, Tendonitis, Plantar, Fasciitis, Epicondylitis)

Neuropathic Pain Creams

- NeuroTopical** – Ketamine 15%, Gabapentin 6%, Clonidine 0.2%, Lidocaine 2.5%, Prilocaine 2.5% Cream (Diabetic Neuropathy, Post Herpetic Neuralgia, Trigeminal Neuralgia)
- NeuroTopical Plus** – Ketoprofen 15%, Gabapentin 6%, Amitriptyline 2%, Lidocaine 2.5%, Prilocaine 2.5% Baclofen 2% Cream (Post-Surgical Neuropathy, Diabetic Neuropathy, Carpal Tunnel Syndrome, Plantar, Fasciitis, Phantom Limb Pain)
- NeuroKGBINLP** – Ketamine 10%, Baclofen 2%, Gabapentin 6%, Imipramine 3%, Nifedipine 2%, Prilocaine 2.5%, Cream (Diabetic & Chemotherapy induced peripheral neuropathy)

Combination Plain Creams

- (Combo-1)** Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%, Prilocaine 2.5% Cream (TMJ, Musculoskeletal Pain/Inflammation)
- (Combo-2)** Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Orphenadrine 5%, Lidocaine 2.5%, Prilocaine 2.5% Cream (Radiculopathy, Fibromyalgia)
- (Combo-3)** Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Orphenadrine 5%, Lidocaine 2.5%, Prilocaine 2.5% Cream (Myofascial Pain/Syndrome)
- (Combo-4)** Ketamine 10%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Orphenadrine 5%, Lidocaine 2.5%, Prilocaine 2.5% Cream (Failed Back Syndrome)

QTY: 90GM 120GM 180GM 240GM
QS With Lipoderm Base

Sig: Apply 1-2 Grams to Affected Areas(s) 3-4 Times Daily

Alternate SIG: _____

Pease Mark Through any unwanted medications in above products
 *Flurbiprofen possesses longest half-life of propionic acid NSAIDS
 *Ketamine is a Controlled Schedule III, sub Amantadine 8% if desired


Please Check Below Blanks If Desired To Add To Formulation:

- | | | |
|--|--|--|
| ___ Acyclovir 5% (antiviral) | ___ Clonidine 0.2% (Sympathetic) | ___ Magnesium 5% (Muscle Relax) |
| ___ Nifedipine 2% (Tissue Perfusion) | ___ Orphenadrine 5% (Muscle Relax) | ___ Verapamil 6% (Fibrosis/Scarring) |
| ___ Betamethasone 0.1% (Anti-inflammatory) | ___ Deoxy D-Glucose 0.1% (Antiviral) | ___ Ketoprofen 10% (Anti-inflammatory) |
| ___ Imipramine 3% (Neuropathic) | ___ Tetracaine 2% (Ectopic Impulse) | |
| ___ Baclofen 2% (Greater Pain) | ___ Cyclobenzaprine 2% (Myofascial Pain) | |

Physician Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

DEA: _____ NPI: _____

 Physician's Signature

 Date

Financial Responsibility: Most Insurance plans will cover the drugs listed above. As a courtesy we will submit all of our pharmacy charges to the patient's insurance company. Any non-covered charges will be the patient's responsibility. Our pharmacy phone number is (866)478-3761.
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Please include patient demographics and insurance information on new orders faxed.
 This Prescription May Be Filled At Any Pharmacy of your Choice