Hogan's PHARMACY
Est. 1976

Topical Pain

2704 N. Oak Street • Oak Center B-1 • Valdosta, GA 31602
Phone 229.244.5353 • Fax 229.244.5357
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Patient Name:	Prescriber:
Address:	Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Phone:
Phone #:	Fax:
Drug Allergies:	DEA #:

PRESCRIBER'S SIGNATURE: _____ DATE: _____

Neuropathy Topical Creams

_____ Ketoprofen 20%/Gabapentin 6%/ Lidocaine 2.5%

_____ Diclofenac 5%/Gabapentin 5%/ Amitriptyline 2%/Lidocaine 5%/

_____ Ketoprofen 3.5%/Amitriptyline 1%/ Gabapentin 1%/Lidocaine 2.25%/ Prilocaine 2.25%

_____ Ketamine 7.5%/Gabapentin 10%/ Baclofen 2%

_____ QTY: 100GM
_____ QTY: Other _____
_____ *Sig: Apply topically to affected area(s) 3 to 4 times daily*
Refills: _____

Rectal Pain/Fissure Creams

_____ **Diltiazem 2%/Lidocaine 2%**
Sig: Apply twice daily
QTY: 30GM
Refills: _____

_____ **Lidocaine 2.5%/Nifedipine 0.3%**
Sig: Apply twice daily
QTY: 30GM
Refills: _____

_____ **Hydrocortisone 2.5%/Lidocaine 2%**
Sig: Apply twice daily as needed
QTY: 30GM
Refills: _____

_____ **Rectal Relief Cream**
Hydrocortisone 3%/Lidocaine 5%/ Phenylephrine 0.2%/Aloe Vera 0.5%
Sig: Apply 2 to 3 times daily as needed
QTY: 30GM
Refills: _____