

# Physician's Medication Order Form

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**LIBERTY DRUG**

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PHYSICIAN NAME: \_\_\_\_\_ DEA# \_\_\_\_\_ NPI# \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHYSICIAN PHONE: \_\_\_\_\_ PHYSICIAN FAX: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## Inflammation:

- Ketoprofen 20%/Ibuprofen 2.5%/Capsaicin 0.075% PLO Gel
- Ketoprofen 20%/Ibuprofen 2.5% PLO Gel
- Diclofenac (Voltaren) 3% PLO Gel
- Naproxen PLO Gel     15% Elbow or Shoulder     20% Knee Joints

## Neuropathy / Joint & Muscle Pain:

- Ketoprofen 10%/ Ketamine 10%/ Guaifenesin 10% Speed Gel
- Ketoprofen 10%/ Ketamine 10%/ Guaifenesin 10%/ Lidocaine 2% Speed Gel
- Ketoprofen 10%/ Ketamine 10%/ Guaifenesin 10%/ Lidocaine 2%/ Dexamethasone 2% Speed Gel
- Ketoprofen 20%/ Ibuprofen 2.5%/ Cyclobenzaprine 0.5% PLO Gel
- Amitriptyline 2%/ Baclofen 2% PLO Gel
- Ketoprofen 10%/ Ketamine 5% PLO Gel
- Ketamine 10%/ Gabapentin 6%/ Lidocaine 2% PLO Gel
- Ketamine 10%/ Gabapentin 6%/ Baclofen 2%/ Lidocaine 2% PLO Gel
- Lidocaine 15% PLO Gel
- Ketoprofen 10%/ Ketamine 10%/ Gabapentin 6%/ Clonidine 0.2%/ Amitriptyline 2%/ Loperamide 2%/ Lidocaine 2% PLO Gel

## Plantar Fasciitis & Achilles Tendonitis:

- PF Gel (Ketoprofen 5%/ Ketamine 5%/ Amitriptyline 2%/ Carbamazepine 2%/ Diphenhydramine 1%/ Ibuprofen 2%/ Cyclobenzaprine 0.5%)  
Comment: Presence of Ketamine 5% in this formula provides excellent results in two conditions, which are hard to treat. Ketamine is a potent NMDA receptor antagonist. Typical psychomimetic Ketamine side effects have not been reported with transdermal application.

## Iontophoresis Solutions:

- Dexamethasone NaPO<sub>4</sub> Strength \_\_\_\_\_ (tendonitis, bursitis, arthritis, tenosynovitis, Peyronie's disease)
- Acetic Acid Strength \_\_\_\_\_ (calcium deposits, calcified tendonitis)
- Iodine Strength \_\_\_\_\_ (sclerosant, antimicrobial, fibrosis, adhesions, scar tissue, "trigger finger")
- Sodium Acetate Strength \_\_\_\_\_ (sclerosant, calcium deposits )
- Ketoprofen Strength \_\_\_\_\_ (NSAID)

## Phonophoresis Gels:

- Hydrocortisone Strength \_\_\_\_\_
- Dexamethasone NaPO<sub>4</sub> Strength \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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**FAX (973) 635-6208**