PODIATRY RX ORDER FORM: COMPOUNDS

S&J Argyle Pharmacy
101 Old Town Blvd. S. #102
Argyle, TX 76226
PH: 940-464-4500
FAX: 940-464-4533

Patient Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Allergies: _____

Please complete the above demographics or send in a face sheet.

SCAR GEL:

☐ **Levocetirizine 2% | Fluticasone 1% | Pentoxifylline 0.5% (QTY #30g)**
SIG: Apply one-half gram to affected area twice daily as directed.

NAIL SOLUTION:

☐ **Nail Treatment in DMSO Itraconazole 1% | Thymol 4% | Salicylic Acid 10% | BHT 0.4% | Undecyclenic Acid 17% Tea Tree Oil 5% (QTY #15mL)**
SIG: Apply to affected nail(s) once to twice daily for up to 3 months.

FOOT CRAMPS:

☐ **Ketoprofen 2% | Cyclobenzaprine 2% Cream (QTY__30g __60g __Other)**
SIG: Apply 1 pump to the affected area(s) up to 3 times daily.

PAIN CREAM FORMULATIONS:

☐ **Gabapentin 6% | Lidocaine 10% | Ketamine 10% Cream (QTY__30g __60g __Other)**
SIG: Apply 1-2 pumps to the affected area(s) 3-4 times daily as needed for inflammation & nerve pain.

☐ **Gabapentin 6% | Ketoprofen 5% Cream (QTY__30g __60g __Other)**
SIG: Apply 1-2 pumps to the affected area(s) 3-4 times daily as needed for inflammation & nerve pain.

☐ **Gabapentin 6% | Lidocaine 10% | Doxepin 5% Cream (QTY __30g __60g __Other)**
SIG: Apply 1-2 pumps to the affected area(s) 3-4 times daily as needed for inflammation & nerve pain.

☐ **Gabapentin 6% | Lidocaine 5% | Diclofenac 3% Cream (QTY__30g __60g __Other)**
SIG: Apply 1-2 pumps to the affected area(s) 3-4 times daily as needed for inflammation & nerve pain.

HYPERHIDROSIS OF THE FEET (SWEATY FEET):

☐ **Glycopyrrolate 1% Cream (QTY #30g)**
SIG: Apply one-half gram to the sole of each foot once to twice daily as directed.

PLANTAR FASCIITIS:

☐ **Baclofen 2% | Ketoprofen 10% | Lidocaine 5% | Gabapentin 5% Cream (QTY__30g __60g __Other)**
SIG: Apply 1-2 pumps to the affected area(s) 3-4 times daily as needed.

ROUGH / DRY FEET:

☐ **Urea 20% | Lactic Acid 5% Cream (QTY__30g __60g __Other)**
SIG: Apply 1 pump to affected area(s) up to 2 times daily.

CORNS / CALLUSES:

☐ **Salicylic Acid 20% | Menthol 0.1% Cream (QTY #30g)**
SIG: Apply one-half gram to affected area twice daily as directed.

WARTS:

☐ **Cimetidine 10% | Acyclovir 2% | Ibuprofen 2% | Salicylic Acid 15% Cream (QTY #30g)**
SIG: Apply one-half gram to affected area twice daily as directed.

NSAIDS/ANESTHETICS

☐ **Diclonagel (Lidocaine 4.5%, Diclofenac 1%) Gel (QTY__30g __60g __Other)**
SIG: Apply to the affected area(s) 3-4 times daily.

☐ **Lidopro (Capsaicin, Lidocaine, Menthol, Methyl Salicylate) Ointment (QTY __30g __60g __Other)**
SIG: Apply to the affected area(s) 3-4 times daily.

PRICE: QTY [#15: $45] [#30: $65] [#45: $95] [#60: $120] [#90: $150] [#180: $200]

PRESCRIBER NAME: _____ DATE: _____

PHONE: _____ DEA: _____

ADDRESS: _____

PRESCRIBER SIGNATURE: _____ REFILLS: _____