



424 E Pleasant Run Rd

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www.healthfirstpharmacydfw.com

Patient Name: _____ DOB: _____ Allergies: _____

M / F

Address: _____ Phone: _____

Topical Pain Management Prescription

CHECK BOX FOR APPLICABLE PRESCRIPTION

- Anti-Inflammatory Pain** Diclofenac 3% topical gel(100gm tube) 100g 200g 300g
- Anti-Inflammatory Pain** Diclofenac 2.31%, Lidocaine 0.577%, Prilocaine 0.577% 150g 300g
- Anti-Inflammatory Pain with Cox-2** Celecoxib 5%, Lidocaine 0.577%, Prilocaine 0.577% 150g 300g
- General Pain** _____%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%
(must write Ketamine – normal concentration 0.05% - 20%)
- Neuropathic Pain** Gabapentin 3%, Diclofenac 2.31%, Lidocaine 0.577%, Prilocaine 0.577%

Prescriber’s Choice [include % strength of 360grams]

include % strength of 360 grams					
Acyclovir	%	Gabapentin	%		%
Amitriptyline	%	Ibuprofen	%		%
Baclofen	%	Imipramine	%		%
Benzocaine	%	Ketoprofen	%		%
Bupivacaine	%	Lidocaine	%		%
Carbamazepine	%	Meloxicam	%		%
Cyclobenzaprine	%	Prilocaine	%		%
Diclofenac	%	Tetracaine	%		%
Flurbiprofen	%		%		%
Must write Ketamine & Tramadol					

QUANTITY: 90gm 130gm 260gm 360gm _____ gm

REFILLS: PRN 1 2 3 4 5 ____

Typical SIG: Apply 1 - 2 GRAMS to affected area 4 - 6 times daily (max 12 grams daily)

Other sig: _____

**All Ingredients to be compounded in transdermal cream base vehicle*

Prescriber Name: _____ Prescriber DEA#: _____ Prescriber NPI#: _____

Signature: _____ Date: ____/____/____ Phone#: _____