

Patient Name: _____
Date of Birth: _____
Phone: _____
Patient Address: _____

Prescriber: _____
Phone: _____
Fax: _____
NPI: _____
DEA: _____

Anti Inflammatory

____ **Formula 1**
Ketoprofen 10%, Baclofen 2%, Cyclobenzaprine 2%
____ in Lidocaine/Prilocaine 2.5% Cream
____ in Lidocaine 5% Ointment

____ **Formula 2**
Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%
____ in Lidocaine/Prilocaine 2.5% Cream
____ in Lidocaine 5% Ointment

Neuropathic Pain

____ **Formula 3***
____ 10%, Baclofen 2%, Gabapentin 6%, Imipramine 3%, Nifedipine 2%
____ in Lidocaine/Prilocaine 2.5% Cream
____ in Lidocaine 5% Ointment

____ **Formula 4***
____ 10%, Clonidine 0.2%, Gabapentin 6%, Amitriptyline 5%
____ in Lidocaine/Prilocaine 2.5% Cream
____ in Lidocaine 5% Ointment

Combination Pain

____ **Formula 5**
Ketoprofen 20%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%
____ in Lidocaine/Prilocaine 2.5% Cream
____ in Lidocaine 5% Ointment

____ **Formula 6***
____ 10%, Baclofen 2%, Cyclobenzaprine 2%, Ketoprofen 10%, Gabapentin 6%
____ in Lidocaine/Prilocaine 2.5% Cream
____ in Lidocaine 5% Ointment

____ **Formula 7**
Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Orphenadrine 5%
____ in Lidocaine/Prilocaine 2.5% Cream
____ in Lidocaine 5% Ointment

____ **Formula 8***
____ 10%, Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%
____ in Lidocaine/Prilocaine 2.5% Cream
____ in Lidocaine 5% Ointment

Shingles

____ **Formula 14**
Acyclovir 5%, Ketoprofen 10%, Amitriptyline 2%
____ in Lidocaine/Prilocaine 2.5% Cream
____ in Lidocaine 5% Ointment

Starred (*) preparations usually contain Ketamine 10% only upon written authorization from prescriber per state law

Custom Formula:

Quantity

____ 60 Grams
____ 120 Grams
____ 240 Grams

Refills

1 2 3 4 5 _____

Sig: Apply 1 or 2 grams to affected area 3 or 4 times daily

Other Sig:

Prescriber Signature: _____ Date: _____