

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_ M / F

Address: \_\_\_\_\_ WORKMAN'S COMP CLAIM? Y/N Phone: \_\_\_\_\_

PLEASE FAX WORKMAN'S COMP INSURANCE & HEALTH INFORMATION. MARK THRU ANY UNWANTED MEDICATIONS

**NEUROPATHIC PAIN**

<input type="checkbox"/> <b>1. General Neuropathies/</b> Sympathetic Component ** _____ % Bupivacaine 1% Clonidine 0.2% DMSO 4% Doxepin 3% Gabapentin 6% Pentoxifylline 3%	<input type="checkbox"/> <b>2. General Neuralgias/</b> Post Herpetic Component ** _____ % Bupivacaine 1% Carbamazepine 3% DMSO 4% Doxepin 3% Gabapentin 6% Pentoxifylline 3% Topiramate 1%	<input type="checkbox"/> <b>3. Peripheral</b> Neuropathies ** _____ % Bupivacaine 1% DMSO 4% Doxepin 3% Gabapentin 6% Nifedipine 2% Pentoxifylline 3% Topiramate 1%	<input type="checkbox"/> <b>4. General Neuropathies</b> Amantadine 8% Bupivacaine 1% Diltiazem 2% DMSO 4% Doxepin 3% Gabapentin 6% Orphenadrine 5% Pentoxifylline 3% Topiramate 2%
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**ANTI-INFLAMMATORY**

<input type="checkbox"/> <b>5a. General Joint &amp;</b> Musculoskeletal Pain, Plantar Fasciitis, Tendonitis, Osteoarthritis Diclofenac 3% Baclofen 2% Bupivacaine 1% DMSO 4% Gabapentin 6% Ibuprofen 3% Pentoxifylline 3%	<input type="checkbox"/> <b>5b.</b> Doxepin 10% Dextromethorphan 8% Gabapentin 10% Lidocaine 1% Baclofen 3% Diclofenac 3%	<input type="checkbox"/> <b>5c.</b> Gabapentin 8% Dextromethorphan 8% Baclofen 3% Diclofenac 2% Lidocaine 1%	<input type="checkbox"/> <b>5d.</b> Baclofen 2% Cyclobenzaprine 2% Diclofenac 3% Tetracaine 2%	<input type="checkbox"/> <b>5e.</b> Meloxicam 0.3% Topiramate 3% Lidocaine 5%
				<input type="checkbox"/> <b>5f.</b> Meloxicam 0.9% Lidocaine 5%

**COMBINATION**

<input type="checkbox"/> <b>6. Myofascial Pain Syndrome</b> ** _____ % Baclofen 2% Bupivacaine 1% Cyclobenzaprine 2% DMSO 4% Gabapentin 6% Orphenadrine 5% Pentoxifylline 3%	<input type="checkbox"/> <b>7. Neuropathic Pain w/ Large</b> Inflammatory Component ** _____ % Bupivacaine 1% Diclofenac 3% DMSO 4% Doxepin 3% Gabapentin 6% Orphenadrine 5% Pentoxifylline 3%
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<input type="checkbox"/> <b>DF1. General</b> <b>Neuropathies</b> Amantadine 3% DMSO 4% Doxepin 3% Gabapentin 6% Pentoxifylline 3% <b>Substitute for Formulas 1, 2, 3, &amp; 4</b>	<input type="checkbox"/> <b>DF5. General Joint &amp; Musculoskeletal</b> Pain, Osteoarthritis Baclofen 2% DMSO 4% Doxepin 5% Gabapentin 6% Meloxicam 0.5% Pentoxifylline 3% Topiramate 2% <b>Substitute for Formula 5a</b>
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<input type="checkbox"/> <b>DF7. Neuropathic Pain w/ Large Inflammatory Component</b> Amantadine 3% Carbamazepine 3% DMSO 4% Doxepin 5% Gabapentin 6% Guaifenesin 5% Pentoxifylline 3% Piroxicam 0.5% <b>Substitute for Formulas 6 &amp; 7</b>
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CHECK THE BOX TO ADD AN ADDITIONAL INGREDIENT TO THE FORMULATION

<input type="checkbox"/> Carbamazepine 3%	<input type="checkbox"/> Cimetidine 3%
<input type="checkbox"/> Diclofenac 3%	<input type="checkbox"/> Orphenadrine 5%
<input type="checkbox"/> Magnesium Chloride 5%	<input type="checkbox"/> Verapamil 6%
<input type="checkbox"/> Other _____	



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[www.healthfirstpharmacydfw.com](http://www.healthfirstpharmacydfw.com)

CUSTOMIZE YOUR FORMULA HERE PLEASE

CONTROLLED INGREDIENTS

Must be handwritten to order

- Ketamine 5%
- Ketamine 10%
- Tramadol 2%
- Tramadol 3%

QUANTITY:  90gm  120gm  180gm  240gm  360gm  \_\_\_\_\_ gm

REFILLS:  PRN  1  2  3  4  5  \_\_\_\_

Typical SIG:  Apply 1 - 2 GRAMS to affected area 3 - 4 times daily (max 8 grams daily)

Other sig: \_\_\_\_\_

8. MIGRAINE THERAPY

- Sumatriptan 7%
- Doxepin 5%
- Gabapentin 5%
- Flurbiprofen 3%
- Baclofen 3%

Other \_\_\_\_\_

Sig: AAA 1 to 2 grams q 2h prn

Refills: \_\_\_\_\_

Qty: \_\_\_\_\_

CUSTOMIZE YOUR FORMULA HERE PLEASE

These formulas can be substituted for above formulas as coverage requires

Prescriber Name: \_\_\_\_\_ Prescriber DEA#: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone#: \_\_\_\_\_