



6801 N Highway US 1, Cocoa, FL 32927

Contact us at: 321-637-0911

FAX FORM TO: 800-854-0356

INSURANCE CLAIMS FORMS UPON REQUEST

Pain Management Compounding Prescription Form

Patient Name: _____ Patient DOB: _____
Patient Address: _____
Patient Phone Number: _____ Allergies: _____

<p>Anti-Inflammatory Creams:</p> <p><input type="checkbox"/> Diclofenac 5%, Baclofen 2%, Bupivacaine 1%</p> <p><input type="checkbox"/> Ketoprofen 20%, Baclofen 2%, Lidocaine 5%</p> <p>Cyclobenzaprine 2%</p> <p><input type="checkbox"/> Ketoprofen 20%, Lidocaine 5%, Cyclobenzaprine 1%</p> <p><input type="checkbox"/> Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 5%</p> <p>Ketoprofen 18%</p> <p>Neuropathic and Anti-Inflammatory Creams:</p> <p><input type="checkbox"/> Ketamine 10%, Baclofen 2%, Bupivacaine 1%</p> <p>Cyclobenzaprine 2%, Gabapentin 6%</p> <p><input type="checkbox"/> Ketamine 20%, Baclofen 2%, Gabapentin 6%</p> <p><input type="checkbox"/> Ketamine 10% Baclofen 2%, Bupivacaine 1%</p> <p>Cyclobenzaprine 2%, Diclofenac 5%, Gabapentin 6%</p> <p><input type="checkbox"/> Ketamine 10% Baclofen 2%, Lidocaine 2%, Cyclobenzaprine 2%, Gabapentin 6%</p>	<p>Neuropathic Creams:</p> <p><input type="checkbox"/> Ketamine 10%</p> <p><input type="checkbox"/> Ketamine 10%, Gabapentin 6%, Clondine 0.2%, Lidocaine 5%</p> <p><input type="checkbox"/> Gabapentin 4%, Cyclobenzaprine 2%</p> <p>Lidocaine 2%, Ketoprofen 10%</p> <p><input type="checkbox"/> Gabapentin 2%, Amitriptyline 2%, Lidocaine 5%</p> <p>Ketoprofen 5%</p> <p>Any Additional Combinations, please note below:</p> <p>Drug/Strength: _____</p> <p>Drug/Strength: _____</p> <p>Drug/Strength: _____</p> <p>Drug/Strength: _____</p> <p>Drug/Strength: _____</p>
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Quantity: 30gm 60gm 120gm 180gm 240gm **Refills:** _____

Directions: Apply 1-2 grams topically 3-4 times a day

Modifications/Comments: _____

Signature: _____

Date: _____

Name: _____

NPI: _____