

Patient Name: _____

DOB: _____ Phone: _____

Address: _____

Bring to have filled at:



Richfield Community Pharmacy
440 South Main Ste B
Richfield, Utah 84701

Phone: 435-893-6808 Fax: 435-893-6809

Topical Pain Creams

- Ketoprofen 10% gel (Pain/ Inflammation)
- Ketamine 4%/Ketoprofen10%/Lidocaine 3%/Prilocaine 2% gel (pain/tingling/burning)
- Ketoprofen 10%/Lidocaine 3%/Prilocaine 2% (pain/tingling/burning)
- Ketoprofen 10%/Lidocaine 3%/Prilocaine 2%/Gabapentin 4% (pain/tingling/burning/neuropathy)
- Ketoprofen 10%/Lidocaine 3%/Prilocaine 2%/Gabapentin 4%/Nifedipine 2% gel (pain/tingling/burning/neuropathy)
- Diclofenac 5% Gel (Pain/Inflammation)
- Ketamine 10%/Cyclobenzaprine 2%/Diclofenac 3%/Gabapentin 6%/ Baclofen 2%/Lidocaine 5% (pain/tingling/burning/neuropathy)
- Nabumetone 15%/Amitriptyline 2%/Gabapentin 6%/Lidocaine 2%/Prilocaine 2%/Ketamine 5%/Magnesium Sulfate Heptahydrate 5% (pain/tingling/burning/neuropathy works well but EXPENSIVE)

Custom Preparations

Anti-inflammatory Agents

- Diclofenac ____% Ketoprofen ____% Nabumetone ____%

Neuropathic Agents

- Amitriptyline 2% Baclofen 2% Cyclobenzaprine 2% Gabapentin 6%

Circulatory Agents

- Nifedipine ____% Diltiazem 2%

Anesthetic Agents

- Benzocaine ____% Ketamine ____% Prilocaine ____% Tetracaine ____%

QTY: _____ Refills 1 2 3 4 5

Sig: Apply 2-3 times to affected area(s) prn Other: _____

Prescriber Name: _____ Date: _____ DEA/NPI: _____

Address: _____ City: _____ State: _____

Signature: _____

Notes to Pharmacy: _____