



Patient Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Date of Birth: _____
Allergies: _____

Prescriber Name: _____
Street Address: _____
City, State, Zip: _____
Phone: _____
Fax: _____
DEA: _____ NPI: _____

COMPOUNDED MEDICATION OPTIONS

PAIN/INFLAMMATION

Ketoprofen 10% Diclofenac 5% Diclofenac 10% (in lipoderm)
Apply to affected area and massage in thoroughly PRN 3-4 times daily.
Dispense 60gm 100gm 200gm

Refills 1 2 3 4 5

Additional Instructions: _____

NEUROPATHY/PAIN/ARTHRITIS

Ketoprofen 10%, Cyclobenzaprine 1%,
Gabapentin 6%, Tetracaine 2% in Lipoderm

Apply to affected area and massage thoroughly PRN 3-4 times daily
Dispense 60gm 100gm 200gm

Refills 1 2 3 4 5

Additional Instructions: _____

PRESCRIBER'S CHOICE

Must write in controlled substances (i.e. ketamine)

Ketoprofen _____% Lidocaine _____%
 Diclofenac _____% Tetracaine _____%
 Gabapentin _____% Acyclovir _____%
 Baclofen _____% Amitriptyline _____%
 Cyclobenzaprine _____% _____%

Apply 3-4 times daily PRN pain and massage in thoroughly.

Dispense 60gm tube 100gm tube Refills 1 2 3 4 5

Additional Instructions: _____

TOPICAL ANESTHETIC (IN LIPODERM)

Lidocaine _____% Benzocaine _____%
 Tetracaine _____%

Apply to affected area _____ times daily and massage in thoroughly.

Dispense 30gm 60gm Other _____

Refills 1 2 3 4 5

Additional Instructions: _____

PRESCRIBER SIGNATURE: _____

DATE: _____

