

|                                 |           |     |
|---------------------------------|-----------|-----|
| Patient                         |           | DOB |
| Contact Phone                   | Email     |     |
| Address                         |           |     |
| City                            | State     | Zip |
| Allergies                       | Diagnosis |     |
| Is this a worker's comp. claim? | Y         | N   |

|                               |       |     |
|-------------------------------|-------|-----|
| Prescriber (required)         |       |     |
| Person Faxing Form (required) |       |     |
| DEA                           | NPI   |     |
| Address                       |       |     |
| City                          | State | Zip |
| Phone                         | Fax   |     |

\*Information does not need to be repeated if already on file

## PLEASE FAX CURRENT PATIENT INSURANCE & HEALTH INFORMATION

PLEASE MARK THROUGH ANY UNWANTED MEDICATIONS FROM THE FORMULATIONS BELOW

Note: All Formulations contain Pentoxifylline 3%, please check box to remove

### Neuropathic Pain

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

### Anti-Inflammatory

 **5.) General Joint & Musculoskeletal Pain, Plantar Fasciitis, Osteoarthritis, Tendonitis**  
 Diclofenac 3%  
 Baclofen 2%  
 Bupivacaine 1%  
 Gabapentin 6%  
 Ibuprofen 3%

### Combination

|  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>6.) Myofascial Pain Syndromes</b><br>Baclofen 2%<br>Bupivacaine 1%<br>Cyclobenzaprine 2%<br>Gabapentin 6%<br>Orphenadrine 5% | <input type="checkbox"/> <b>7.) Neuropathic Pain W/ Large Inflammatory Component</b><br>Bupivacaine 1%<br>Diclofenac 3%<br>Doxepin 3%<br>Gabapentin 6%<br>Orphenadrine 5% | <input type="checkbox"/> <b>8.) Herpetic Antiviral Cream (Active)</b><br>Bupivacaine 1%<br>Doxepin 3%<br>Gabapentin 6%<br>Ketorolac 0.5%<br>Acyclovir 5% |
|--|---|--|

Lidocaine-Prilocaine 2.5%, Diclofenac 4%, Gabapentin 6%  
 Other formulation or specific considerations

PLEASE CHECK BOXES BELOW IF YOU LIKE TO ADD ANY OF THE FOLLOWING TO THE FORMULATION:

Carbamazepine 3%   
  Diclofenac 3%   
  Topiramate 1%   
  Verapamil 6%  
 Cimetidine 3%   
  Orphenadrine 5%   
  Tramadol 2%   
  Ketoprofen 10%   
 \_\_\_\_\_ (Other Medication)

SIG Apply 1-2 GM to affected area 3-4 times daily.  
 ALT  \_\_\_\_\_  
 SIG  \_\_\_\_\_

Quantity: 30 Day Supply  
 90 GM     180 GM  
 120 GM     240 GM  
 Other \_\_\_\_\_

Refills \_\_\_\_\_

\*Unless specified, 120gm will be filled

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This prescription authorized through \_\_\_\_\_ MD/DO by \_\_\_\_\_ PA/NP  
 (Name of Physician) (Name of Physician's Assistant/NP)

FOR PHYSICIAN USE ONLY — This Prescription Pad contains formulations developed in conjunction with physicians and used in the treatment of the listed associates medical conditions. The exact formulation may be modified in accordance with the professional clinical judgment of the physician in consultation with the patient.