For The Only Safe and Reliable Compounding In the Four Corners Region

Patient: _____ DOB: ____/____/____

Drivers License # _____ D.L. Expiration Date: ____/____/____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____ Allergies: _____

Workers Comp: Yes: ☐ No: ☐ Date of Injury: ____/____/____ WC Claim # _____

Please have my prescription shipped to the above address, send refills automatically every 30 days. **Patient Signature:** _____

Attention Physicians

*** Please provide the appropriate Diagnosis code ***

Diagnosis Code: _____ Diagnosis Code: _____

*** Please Fax Patient Insurance Information ***

Joint Pain

☐

Flurbiprofen	10%
Ketamine	15%
Tramadol	5%
Bipivacaine	1%
Clonidine	0.1%

MusculoSkeletal Pain

☐

Ketamine	15%
Gabapentin	6%
Baclofen	2%
Cyclobenzaprine	2%
Flurbiprofen	10%

Neuropathic Pain

☐

Ketamine	15%
Clonidine	0.2%
Gabapentin	6%
Amitriptyline	3%
Mefenamic Acid	3%
Bupivacaine	1%

Migraine Transdermal Gel

☐

Sumatriptan	3.33%
Ketamine	2.5%
Flurbiprofen	2.5%
Gabapentin	3%
Amitriptyline	1.5%
Ondansetron	0.25%

Plantar Fibromatosis

☐

Verapamil	10%
Diclofenac	5%
Baclofen	2%
Mometasone	0.1%
Bupivacaine	1%

Gout Pain

☐

Indomethacin	6%
Bupivacaine	2%
Mometasone	0.2%
Flurbiprofen	10%

Anti-Fungal Therapy

☐

Urea	40%
Fluconazole	1%
Mometasone	0.1%

Scar Therapy

☐

Mometasone	0.2%
Levocetirizine	2%
Tranilast	1%

Topical Cream Sig

360 Grams ☐
30 Day Supply ☐
12 Refills ☐

Topical Pain Cream Directions for:
Joint - Musculoskeletal - Neuropathic
Vascular - Gout
Apply 1-2 pumps 4x daily to affected area

Topical Therapy Directions for:
Scar Therapy - Anti-Fungal Therapy
Plantar Fibromatosis
Apply to affected area 2x daily

Migraine Transdermal Directions:
Apply 1 pump to wrist and 1 pump to the top of the back of the neck, just below the skull.
180 Grams____30 Day Supply____12 Refills ____
***May repeat in 2 hours. Do not exceed 4 pumps in 24 hours**

Physician: Please complete #1-3 above

Other Formulation Change: _____

Date: ____/____/____

Physicians Name: _____ Physicians Signature: _____