

TOPICAL PAIN MANAGEMENT AND ORAL NSAID DELIVERY

Patient Name: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Allergies: NKDA (no known drug allergies) Aspirin/ NSAID's Cyclobenzaprine Lidocaine / Local Anesthetic Tramadol Opioid
 Gabapentin Penicillin Amitriptyline Other: _____

TOPICAL PAIN MANAGEMENT

1. ____ Compounded Topical Cream – Gabapentin 3%, Diclofenac Sodium 1.5%, Lidocaine 2.5%, Prilocaine 2.5% #120 gm – Apply 1 gram three to four times daily for treatment of pain
2. ____ Compounded Topical Cream – Diclofenac Sodium 1.5%, Lidocaine 2.5%, Prilocaine 2.5% #120gm – Apply 1 gram three to four times daily for treatment of pain
3. ____ OTHER _____

ORAL NSAID DELIVERY

1. ____ Celecoxib 400mg Cap #90 – Take one capsule by mouth once daily
2. ____ OTHER _____

Refills: (Number of refills indicated here refers to all medications listed above)

____ 1 Year ____ 5 ____ 3 ____ 1 ____ Zero

Physician Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 DEA: _____ NPI: _____

Physician's Signature

Date



As always, the FDA does not review any compounded medication for safety or efficacy.