

**Pain Management Compound Order Form**

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: \_\_\_\_\_

**Anti-Inflammatory Creams**

- FluroTopical** – Flurbiprofen 10%\*, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 2.5%, Prilocaine 2.5% Cream (Muscle Strains, Sprains, Bursitis, Tendonitis, Epicondylitis, Plantar Fasciitis, Post-Surgical and Sports injuries)
- OrthoTopical** – Flurbiprofen 15%\*, Betamethasone 0.1%, Lidocaine 2.5%, Prilocaine 2.5% Cream (All Forms of Arthritis, Osteo Rheumatoid)
- DicloTopical** - Diclofenac 3%, Lidocaine 2.5% Prilocaine 2.5% Cream (Arthritis, Tendonitis, Plantar, Fasciitis, Epicondylitis)

**Neuropathic Pain Creams**

- NeuroTopical** – Ketamine 15%, Gabapentin 6%, Clonidine 0.2%, Lidocaine 2.5%, Prilocaine 2.5% Cream (Diabetic Neuropathy, Post Herpetic Neuralgia, Trigeminal Neuralgia)
- NeuroTopical Plus** – Ketoprofen 15%, Gabapentin 6%, Amitriptyline 2%, Lidocaine 2.5%, Prilocaine 2.5% Baclofen 2% Cream (Post-Surgical Neuropathy, Diabetic Neuropathy, Carpal Tunnel Syndrome, Plantar, Fasciitis, Phantom Limb Pain)
- NeuroKGBINLP** – Ketamine 10%, Baclofen 2%, Gabapentin 6%, Imipramine 3%, Nifedipine 2%, Prilocaine 2.5%, Cream (Diabetic & Chemotherapy induced peripheral neuropathy)

**Combination Plain Creams**

- (Combo-1)** Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Lidocaine 2.5%, Prilocaine 2.5% Cream (TMJ, Musculoskeletal Pain/Inflammation)
- (Combo-2)** Ketamine 10%, Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Orphenadrine 5%, Lidocaine 2.5%, Prilocaine 2.5% Cream (Radiculopathy, Fibromyalgia)
- (Combo-3)** Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Gabapentin 6%, Orphenadrine 5%, Lidocaine 2.5%, Prilocaine 2.5% Cream (Myofascial Pain/Syndrome)
- (Combo-4)** Ketamine 10%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Orphenadrine 5%, Lidocaine 2.5%, Prilocaine 2.5% Cream (Failed Back Syndrome)

**QTY: 90GM 120GM 180GM 240GM**

**QS With Lipoderm Base**

**Sig: Apply 1-2 Grams to Affected Areas(s) 3-4 Times Daily**

Alternate SIG: \_\_\_\_\_

Please Mark Through any unwanted medications in above products

\*Flurbiprofen possesses longest half-life of propionic acid NSAIDS

\*Ketamine is a Controlled Schedule III, sub Amantadine 8% if desired



**Please Check Below Blanks If Desired To Add To Formulation:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Acyclovir 5% (antiviral)               | <input type="checkbox"/> Clonidine 0.2% (Sympathetic)         | <input type="checkbox"/> Magnesium 5% (Muscle Relax)        |
| <input type="checkbox"/> Nifedipine 2% (Tissue Perfusion)       | <input type="checkbox"/> Orphenadrine 5% (Muscle Relax)       | <input type="checkbox"/> Verapamil 6% (Fibrosis/Scarring)   |
| <input type="checkbox"/> Betamethasone 0.1% (Anti-inflammatory) | <input type="checkbox"/> Deoxy D-Glucose 0.1% (Antiviral)     | <input type="checkbox"/> Ketoprofen 10% (Anti-inflammatory) |
| <input type="checkbox"/> Imipramine 3% (Neuropathic)            | <input type="checkbox"/> Tetracaine 2% (Ectopic Impulse)      |   |
| <input type="checkbox"/> Baclofen 2% (Greater Pain)             | <input type="checkbox"/> Cyclobenzaprine 2% (Myofascial Pain) |   |

Physician Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 DEA: \_\_\_\_\_ NPI: \_\_\_\_\_

Physician's Signature

Date

**Financial Responsibility:** Most Insurance plans will cover the drugs listed above. As a courtesy we will submit all of our pharmacy charges to the patient's insurance company. Any non-covered charges will be the patient's responsibility. Our pharmacy phone number is (866)478-3761.

**Legal Note:** This fax transmission may contain confidential information belonging to the sender, which is legally privileged. This information is intended only for the use of the recipient named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any action or reliance on the contents of this fax is strictly prohibited.

**Please include patient demographics and insurance information on new orders faxed.**

This Prescription May Be Filled At Any Pharmacy of your Choice