YOUR HEALTH PHARMACY

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PAIN MANAGEMENT, SKIN CONDITIONS, AND NASAL SYMPTOMS MANAGEMENT

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:_____

PAIN MANAGEMENT AND ACCOMPANYING SKIN CONDITIONS

1. ____CMPD Topical Cream – Diclofenac Sodium 1.5%, Lidocaine 2.5%, Prilocaine 2.5% (1859) #120gm – apply1gm three to four times daily for treatment of pain (BPN)
2. ____CMPD Topical Cream – Gabapentin 3%, Diclofenac Sodium 1.5%, Lidocaine 2.5%, Prilocaine 2.5% #120gm - Apply 1gm three to four times daily for treatment of pain
3. ____Celecoxib 400mg Cap (C400) #90 – Take one capsule by month ones daily (C400)
4. ____OTC Urea 40% - If Checked, Please Discuss Potential Usage with Patient
5. ____OTC BASSA – GEL™ - If Checked, Please Discuss Usage with Patient

NASAL SYMPTOM MANAGEMENT

NOTE: CMPD refers to a compounded medication. IDS refers to an irrigation system.

1. ____ Budesonide 1.0mg – 2ml Vial (PULM) #360 (720ml) – empty 2 vials into IDS, add distilled water, irrigate 1 – 2 times daily (IB 212)

   a. If checked below, pharmacy is authorized to dispense the following in lieu of the medication listed in #1above if needed for any reason or desired by patient

   i. ____ Budesonide 1.0mg-2ml Vial (PULM) #180 (360ml) – empty 1 vial into IDS, add distilledwater, irrigate 1 – 2 times daily (IB 112)

   ii. ____ CMPD Budesonide 0.5mg in Loxasperse Cap (1891) #180 – empty 1 cap into IDS, adddistilled water, irrigate 1 – 2 times daily (IC112)

<u>If CHECKED, also dispense the following with the above</u>

<u>Dispense #180 for 90-day supply – Empty 1 cap into IDS, add distilled water, irrigate 1-2 times daily (IC 1 1 2)</u>

____CMPD Azelastine HCL 500mcg Cap (1840)
____CMPD Acetylcystiene 100mg Cap (1818)
____CMPD Acetylcystiene 100mg-Azelastine HCL 500mg Cap (1888)
____CMPD Theophylline 100mg Cap (1841)
____Others_____

Refills: (Number of refills indicated here refers to all medications prescribe above)
____1 Year ____5 ____3 ____1 ____Zero

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

_____ _____
Physician's Signature Date

FDA does not review any compounded medication for safety/efficacy. CMPD refers to a compounded med.