

Compounding Semaglutide Sublingual Order Form

Patient Name: _____

DOB: _____

Phone: _____

Address: _____

We can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written unless directed otherwise.

We will call patients with pricing before compounding. The monthly cost will range from \$150 to \$300 depending on dose and concentration.

New patient start:

- Step 1. Semaglutide 1mg/ml. Place 0.75ml (0.75mg) under the tongue and hold for at least 1 minute once daily. Do not eat or drink for 15-30 minutes afterwards. May increase to 1ml (1mg) after 2-4 weeks of therapy.
- Step 2. Semaglutide 2mg/ml. Place 0.5ml (1mg) under the tongue and hold for at least 1 minute once daily. Do not eat or drink for 15-30 minutes afterwards. May increase to 0.75ml (1.5mg) after 2-4 weeks of therapy.
- Step 3. Semaglutide 2mg/ml. Place 0.75ml (1.5mg) under the tongue and hold for at least 1 minute once daily. Do not eat or drink for 15-30 minutes afterwards.

****AFTER STEP 3 – PATIENT WOULD MOVE TO THE INJECTABLE DOSES BELOW****

*If patients are having difficulty holding the dose under the tongue, they can divide the dose into multiple doses (BID, TID, etc.) or they can swish the liquid around; but, if swallowed, the medication will not work.

**Not all patients need to taper up to higher doses. Patients are to stay at current dose if appetite changes occur and/or A1c or blood sugars have improved regardless of weight loss. Several factors need to be discussed once starting therapy: nutrition (protein, protein, protein), strength training (a must for weight loss to retain muscle), supplements (Berberine, magnesium, Akkermansia probiotic, Quercetin with bromelain (bromelain helps absorption), vitamin C, melatonin, omegas, CoQ10.

Injection to Sublingual: **Semaglutide sublingual 3mg/ml concentration**

- 1.7mg maintenance injection = Place 0.66ml (2mg) under the tongue and hold for at least 1 minute once daily. Do not eat or drink for 15-30 minutes afterwards.
- 2.4mg maintenance injection = Place 1ml (3mg) under the tongue and hold for at least 1 minute once daily. Do not eat or drink for 15-30 minutes afterwards.

*If patients are having difficulty holding the dose under the tongue, they can divide the dose into multiple doses (BID, TID, etc.) or they can swish the liquid around; but, if swallowed, the medication will not work.

**Math conversion: absorption bioavailability of injectable is 80-90% and of oral is 0.5-1%. Divide weekly injection to a daily dose.

Signature: _____

Printed name: _____ NPI Number: _____

Quantity (ml): _____ Refills: _____ Date: _____

Compounding Order Form

Poop Goop

These are our most prescribed options, we can always work with providers and patients to personalize treatment. Please feel free to call with questions or substitutions.

Patient Name:	_____
DOB:	_____
Phone:	_____
Address:	_____

- CHOLESTYRAMINE/AQUAPHOR** (OINTMENT)
- CHOLESTYRAMINE/NYSTATIN/AQUAPHOR** (OINTMENT)
- CHOLESTYRAMINE/NYSTATIN**
- CHOLESTYRAMINE/NYSTATIN/HYDROCORTISONE 2.5%**
- NYSTATIN/KARAYA GUM/DESITIN/MINERIN**
- NYSTATIN/KARAYA GUM/DESITIN/MINERIN/HYDROCORTISONE 2.5%**

Directions: _____

Quantity (circle one): 30gm 60gm 90gm alternative amount: _____

****Note: We call patients with price options before filling.**

Provider name: _____
Provider Signature: _____
Refills: _____ NPI: _____ Date: _____

Compounded Topical Pain Cream Order Form

Patient Name: _____ DOB: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

ANTI-INFLAMMATORY CREAMS

- Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2 %, Lidocaine 2%
- Diclofenac 5%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2%

NEUROPATHIC PAIN AND POST-HERPETIC NEURALGIA CREAMS

- Ketamine 10%, Gabapentin 6%, Clonidine 0.2%, Lidocaine 2%
- Ketamine 10%, Gabapentin 6%, Clonidine 0.2%

COMBINATION PAIN CREAMS

- Ketoprofen 20%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2.5%
- Ketamine 10%, Ketoprofen 10%, Gabapentin 6% Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2%
- Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2%
- Ketamine 10%, Gabapentin 6%, Diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2%
- Magnesium 10%, Gabapentin 6%, Cyclobenzaprine 0.2% -*Headache cream, **Peppermint or No Scent?***

Please check below boxes if desired to add to formulation:

- Peppermint
- Magnesium Chloride 10%- muscle
- Menthol 5%
- Menthol 5%/Camphor 3%

Directions: Apply topically to affected area 3-4 times daily and rub in well

Quantity: 240 grams Refills: _____ Date: _____

Physician Name: _____ NPI: _____ DEA: _____

Physician Address: _____

Physician's Signature: _____

*** We will call every patient before compounding to discuss quantity and pricing, please feel free to call for suggestions on the most effective options for type of pain***

“Tone & Glow” Cosmetic Cream Order Form

Our NEW prescription-only **Estriol Face Cream** consists of **Estriol 0.3%, DMAE 3%, and Hyaluronic Acid 0.5%** mixed in hypoallergic and non-comedogenic Versabase.

How does it work? One of the many roles of estrogen in the body is to increase the synthesis of collagen, which is the skin’s underlying support structure. Collagen also promotes skin thickness and elasticity. Restoring hormone balance can restore the body’s ability to produce collagen, which ‘plumps’ your skin and helps retain its youthful appearance. Collagen atrophy is a major factor in skin aging, and there is a strong correlation between skin collagen loss and estrogen deficiency at menopause. The skin is an important estrogen-responsive endocrine tissue. Without the growth-promoting effects of estrogen, the skin thins and withers.

Estriol (E3) is considered a “weak” estrogen which can be derived from plant sources. It does not need to be counterbalanced by progesterone, and does not have a systemic (widespread) effect on the body. This makes estriol an ideal estrogen for topical use, since research suggests its application remains in the skin, rather than in the bloodstream. There is also evidence that estriol, (sometimes called the “good estrogen”) may inhibit some of the unwanted effects of estradiol by “binding” to estrogen receptors that typically promote cell proliferation.

What are the ingredients? DMAE is a nutrient that occurs naturally in our brains and facilitates the synthesis of acetylcholine. Acetylcholine works by sending messages to the muscles and stimulates their contraction. Because of this property, DMAE has been used to address sagging skin. It helps stimulate the production of acetylcholine, which enhances skin tone by firming and tightening its appearance from beneath the skin.

Another way that DMAE helps the skin is by reducing the accumulation of lipofuscin deposits inside cells. Lipofuscin is a skin pigment that can create discolorations. It has a brownish color and is a result of molecular waste when fatty acids are not metabolized properly by the body. This pigment oftentimes shows up in the form of liver spots or age spots.

Hyaluronic Acid is an active skin care ingredient that retains moisture and creates a cushion to help plump the appearance of aging skin. Hyaluronic acid also helps to heal and soothe inflammation. A pure hyaluronic acid serum can prevent fine lines and wrinkles, providing effective results on prematurely aged or mature skin types.

#30 gram pump – Apply sparingly to face and neck once daily

Patient Name: _____ DOB: _____

Patient Phone: _____

Provider Signature: _____

Provider’s printed name: _____

Date: _____, Refills: _____ NPI: _____

Compounding Order Form Topical Numbing Creams

These are our most prescribed options, we can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name: _____
DOB: _____
Phone number: _____
Address: _____

****Can order for specific patients OR for office stock use. If ordered for office stock, we still must have a 'patient' to place the script underneath. Usually this is the provider, nurse, receptionist, etc. but the address/phone number will be the clinic's information. We generally bill and deliver to clinics for clinic use stock.**

- Lidocaine 23%/Tetracaine 7% in Cosmetic Cream

- Lidocaine 23%/Tetracaine 7% in Plasticized Ointment Base

- Benzocaine 20%/Lidocaine 8%/Tetracaine 4% in Cosmetic Cream

- Benzocaine 20%/Lidocaine 8%/Tetracaine 4% in Plasticized Ointment Base

- Benzocaine 20%/Lidocaine 10%/Tetracaine 10% in Plasticized Ointment Base

Qty: 30 grams, 60 grams, 90 grams or alternative quantity: _____

Directions: For appointment use only

Signature: _____
Printed name: _____ NPI Number: _____
Number of Refills: _____ Date: _____

Compounding Dermatology Topical Order Form

Patient Name: _____

DOB: _____

Phone: _____

Address: _____

These are your most commonly prescribed options; we can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Acne: *APPLY TOPICALLY TO THE AFFECTED AREA _____ DAILY IN THE _____*

Niacinamide 4%/Spironolactone 5% Gel (similar to Wenlevi)

Spironolactone 5% Topical Cream

Benzyl Peroxide 6%/Clindamycin HCL 1%/Niacinamide 4% (clarifying base)

Benzyl Peroxide 10%/Clindamycin HCL 2%/Niacinamide 4%/Spironolactone 4%/Tretinoin 0.05% (clarifying base)

Skin Lightening:

Hydroquinone 12%/Kojic Acid 6%/Vitamin C 1%/Niacinamide 2% Gel

APPLY TOPICALLY TO THE AFFECTED AREA _____ DAILY FOR _____ DAYS

Melasma:

Hydroquinone 5%/Tretinoin 0.1%/Fluocinolone 0.01% Gel

APPLY TOPICALLY TO THE AFFECTED AREA _____ DAILY IN THE _____

Fine Lines/Wrinkles:

Estriol 0.3%/DMAE 3%/Hyaluronic acid 0.5% Cream

APPLY TOPICALLY TO FACE AND NECK ONCE DAILY

should not be prescribed for women who are pregnant, breastfeeding or trying to become pregnant

Hirsutism:

Metformin HCL 5%/Spironolactone 5%/Azelaic acid 1%/Progesterone 1%

APPLY TOPICALLY TO THE AFFECTED AREA _____ DAILY IN THE _____

Custom Formula:

Signature: _____

Provider name: _____ NPI Number: _____

Qty (grams): _____ Refills: _____ Date: _____

**Clarifying cream is a non-comedogenic base ideal for skin issues. It is formulated with a unique avocado extract to help nourish the skin. It may help with red/blotchy areas, rosacea, acne, and reduce the chances of irritation of API's. It may be used in anti-aging formulations for patients with acne-prone skin.

Compounding Order Form Dental Products

These are our most prescribed options, we can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name: _____
DOB: _____
Phone number: _____
Address: _____

****Can order for specific patients OR for office stock use. If ordered for office stock, we still must have a 'patient' to place the script underneath. Usually this is the provider, nurse, receptionist, etc. but the address/phone number will be the clinic's information. We generally bill and deliver to clinics for clinic use stock. We always call with prices before compounding.**

Office stock scripts:

- Lidocaine 20%/Phenylephrine 2%/Tetracaine HCL 4% Dental Gel
- Lidocaine 10%/Phenylephrine 2%/Prilocaine 10%/Tetracaine 4% Dental Gel
- Lidocaine 12.5%/Phenylephrine 3%/Prilocaine 3%/Tetracaine 12.5 % Dental Gel

Please select the flavor: Cherry OR Peppermint

Please select the dispensing device: Tube Or Jar

QTY: 10gms, 30gms, 60gms alternative qty: _____

Directions: For appointment use only

Alternative custom formula: _____

****We will call if we cannot make a certain formula****

Patient specific scripts: Please see the magic mouthwash order form for additional options

- Triamcinolone Rinse 0.1% or 0.2% (please circle concentration) #240 ML
Directions: Rinse mouth with 5ml four times daily before meals and at bedtime. Nothing by mouth for 30 minutes afterwards
- Acyclovir 4% Ointment #10 grams
Directions: Apply to lesions daily until healed or as directed
- Acyclovir 4% / Lidocaine 4% Ointment #10 grams
Directions: Apply to lesions daily until healed or as directed

Signature: _____
Printed name: _____ NPI Number: _____
Number of Refills: _____ Date: _____

Compounding Order Form (Cold Sores)

These are our most commonly prescribed options, we can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name:	_____
DOB:	_____
Phone:	_____
Address:	_____

- Acyclovir 5% in Carmex **#10 grams**

- Acyclovir 4%/Lidocaine 4% Ointment **#10 grams**

-Apply to lesion several times daily as directed

OR- Alternate Directions:

Signature: _____	Date: _____
Printed Provider Name: _____	NPI: _____
Number of Refills: _____	

Compounding Topical Order Form

These are your most commonly prescribed options, we can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name:	_____
DOB:	_____
Phone:	_____
Address:	_____

Commonly Requested Formulas for Patients with Warts

- Salicylic Acid 20%/Fluorouracil 5%/DMSO Topical Wart Solution 10 mL
APPLY VERY SMALL AMOUNT DIRECTLY TO WART USING APPLICATOR ROD AT BEDTIME AND COVER
- Salicylic Acid 30%/Oregano oil 8% in Aquaphor (Curts) Cream 10 mL
APPLY TO AFFECTED AREA 1-2 TIMES DAILY AND COVER
- Fluorouracil 5%/Salicylic acid 70% paste 15 mL
APPLY TO AFFECTED AREA 1-2 TIMES DAILY AND COVER

Commonly Requested Formulas for Patients with Nail Fungus

- Itraconazole 1%/Vancomycin 1%/DMSO 30% Nail Solution 10 ml
APPLY TO AFFECTED NAILS 2 TIMES DAILY AND WIPE OFF EXCESS
- Itraconazole 2%/Vancomycin 1%/DMSO 30% Nail Solution 10 ml
APPLY TO AFFECTED NAILS 2 TIMES DAILY AND WIPE OFF EXCESS

Signature: _____
Printed name: _____ NPI Number: _____
Number of Refills: _____ Date: _____

Compounding Efudex Order Form

Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name: _____
Address: _____ _____
Birthdate: _____
Phone number: _____

Fluorouracil 5% in Calcipotriene 0.005% Topical Cream

Directions: _____

Quantity: 30 grams or 60 grams

*****Our price is \$49 for 30 grams or \$80 for 60 grams for large surface areas. We are not contracted with any insurance companies but do have insurance claim forms that patients can self-submit** We always call patients before filling prescriptions*****

Signature: _____	Date: _____
Printed name: _____	NPI: _____
Number of Refills: _____	

Compounding Order Form Anal Fissure & Hemorrhoid

These are your most prescribed options,
we can always work with providers and patients to
personalize treatment. Please check to order, we will fill
with standard directions written in italics unless
directed otherwise.

Patient Name:	_____
DOB:	_____
Phone:	_____
Address:	_____

Nifedipine 0.3%/Lidocaine 1.5% Rectal Ointment #30 grams

Nitroglycerin 0.2% Rectal Ointment #30 grams

add lidocaine 1.5%

Nitroglycerin 0.125% Rectal Ointment #30 grams

add lidocaine 2%

Diltiazem 2% Rectal Ointment #30 grams

add lidocaine 4%

-Apply pea sized amount rectally 3-4 times daily as directed

OR- Alternate Directions:

Signature: _____
Printed name: _____ NPI Number: _____
Number of Refills: _____ Date: _____

Compounded Ketamine Form

These are our most commonly prescribed options, we can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

***Ketamine** nasal spray can be used for migraine, chronic pain, Regional Pain Syndrome, and pain with depression.

Patient Name:	_____
DOB:	_____
Phone:	_____
Address:	_____

Date _____

Ketamine _____mg/ml Nasal Spray (50mg/ml, 100mg/ml-usual starting concentration, or 120mg/ml)

Use 1 spray at onset of pain, use another spray in 30 minutes if needed. Max 8 sprays per day.

Quantity: 25ml Refills _____

Ketamine troche _____ mg

- **Pain control: 10mg, 20mg, 30mg, 40.9mg, 50mg per troche**
 - Dissolve 1 troche under the tongue or buccal cheek at bedtime
- **PTSD/Depression/Trauma therapy: 100, 200mg per troche**
 - Dissolve ___ troches under the tongue or buccal cheek once weekly or at therapy sessions

Quantity: _____troches Refills: _____

Provider Signature: _____
Printed name: _____ DEA# _____
Address: _____

Compounded Hormone Order Form

These are our most commonly prescribed options, we can always work with providers and patients to personalize Hormone Replacement Therapy. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name: _____
Address: _____ _____
DOB: _____
Phone: _____

Topical/Vaginal Options

Vaginal Atrophy (Pain, Dryness, UTI, Incontinence)

- Estriol 0.6% Vaginal Cream**
-Apply/Insert 1/2 gram QHS for two weeks, then 1/4-1/2 gram 2-3 nights per week as needed

HRT Combination Starting Doses (Creams)

- Bi-Est 0.25mg (80/20)/Prog 25mg**
 Bi-Est 0.25mg (50/50)/Prog 25mg
 Add Testosterone 1mg
 Add DHEA 5mg
-Apply 1/2 gram twice daily, or 1 gram once daily

Progesterone Cream

- 5%**
 10%
 20%
-Apply 1/2 gram 1-2 times daily

Testosterone Cream (Female)

- 0.2%**
 1%
 2%
-Apply 1/2 gram once daily

Testosterone Topical (Male)

- 5%** **Gel**
 10%
 15% **Lipoderm**
 20%
-Apply 1/2 gram once daily

Oral Capsules

Progesterone SR Capsules (E4M)

- 25 mg
 50 mg *-Take 1 PO QHS*
 100 mg
 200 MG

Pregnenolone Capsules

- 100 mg *- Take 1 PO QD*
 100 mg SR

DHEA SR Capsules (E4M)

- 5 mg
 10 mg *-Take 1 PO QAM*
 50 mg
 75 mg

Progesterone Troche

- 50 mg
 100 mg *-Dissolve 1 SL HS*
 200 MG

Non-Hormonal Libido Enhancer Scream Cream

*(Sildenafil 2%/ Nifedipine 0.2%/ Arginine 6%)
 -Apply 1/4 gram to clitoris and external vaginal area
 30 minutes prior to sexual activity*

Provider Signature: _____
Printed name: _____ DEA# _____
Address: _____
Quantity: _____ Refills: _____ Date: _____

Compounded Nasal Spray Order Form

These are our most commonly prescribed options, we can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

***Ketamine** nasal spray can be used for migraine, chronic pain, Regional Pain Syndrome, and pain with depression.

***Lidocaine** nasal spray is best for migraine, cluster and tension headaches. To reach the sphenopalatine ganglion, may work best to lie off of bed with head dangling and let lidocaine drip for a few minutes after spraying.

Patient Name: _____
DOB: _____
Phone: _____
Physical Address: _____

Ketamine Nasal Spray

50mg/ml Spray

100mg/ml Spray
**recommended starting concentration*

120mg/ml Spray

-USE ONE SPRAY AT ONSET OF PAIN, USE ANOTHER SPRAY IN 30 MINUTES IF NEEDED. MAX 8 SPRAYS PER DAY.

Lidocaine Nasal Spray

4% Spray

10% Spray

- USE ONE OR TWO SPRAYS IN EACH NOSTRIL 3-4 TIMES DAILY AS NEEDED FOR HEADACHE

Signature: _____	Date: _____
Prescriber Address: _____	
Number of Refills: _____	Quantity: 25mL Spray Bottle
DEA: _____	NPI: _____

Compounding Order Form Magic Mouthwash

These are our most prescribed options, we can always work with providers and patients to personalize treatment. Please feel free to call with questions or substitutions.

Patient Name: _____
DOB: _____
Phone: _____
Address: _____

- DIPHENHYDRAMINE/LIDOCAINE/MAALOX

- DIPHENHYDRAMINE/LIDOCAINE/MAALOX/DEXAMETHASONE

- DIPHENHYDRAMINE/HYDROCORTISONE/NYSTATIN

- DIPHENHYDRAMINE/LIDOCAINE/MAALOX/PREDNISOLONE/WATER

Directions: _____

Quantity (circle one): 120 ML 240 ML 300 ML 360 ML alternative qty: _____

240ML is most often prescribed size

Note: We call patients with price options before filling.

Provider Signature: _____
Printed provider's name: _____
Date: _____ Refills: _____ NPI: _____

Compounding Microdose Semaglutide Sublingual Order Form

We can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written unless directed otherwise.
We will call patients with pricing before compounding. The monthly cost will range from \$85 to \$300 depending on dose and concentration.

Patient Name: _____

DOB: _____

Phone: _____

Address: _____

New patient start:

- Step 1. Semaglutide 0.3mg/ml. Place 0.5ml (0.15mg) under the tongue and hold for at least 1 minute once daily. Do not eat or drink for 15-30 minutes afterwards. Week 1-4
- Step 2. Semaglutide 0.3mg/ml. Place 1ml (0.3mg) under the tongue and hold for at least 1 minute once daily. Do not eat or drink for 15-30 minutes afterwards. Week 5-8
- Step 3. Semaglutide 0.75mg/ml. Place 0.8ml (0.6mg) under the tongue and hold for at least 1 minute once daily. Do not eat or drink for 15-30 minutes afterwards. Week 9-12

Custom dose: _____

*NOT ALL PATIENTS NEED TO TAPER UP! The goal is to gradually increase until effective dose is reached.

**If patients are having difficulty holding the dose under the tongue, they can divide the dose into multiple doses (BID, TID, etc.) or they can swish the liquid around; but, if swallowed, the medication will not work.

***Not all patients need to taper up to higher doses. Patients are to stay at current dose if appetite changes occur and/or A1c or blood sugars have improved regardless of weight loss. Several factors need to be discussed once starting therapy: nutrition (protein, protein, protein), strength training (a must for weight loss to retain muscle), supplements (Berberine, magnesium, Akkermansia probiotic, Quercetin with bromelain (bromelain helps absorption), vitamin C, melatonin, omegas, CoQ10.

Signature: _____

Printed name: _____ NPI Number: _____

Quantity (ml): _____ Refills: _____ Date: _____

Compounded OB/GYN Order Form

These are our most commonly prescribed options, we can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name: _____

Phone: _____

DOB: ____/____/____

Address: _____

Vaginal Pain Creams (For post-birth or idiopathic vaginal pain)

Gabapentin 6%/Amitriptyline 6%/Baclofen 2.5% #30 gram tube

(pain with spasm or clamping during intercourse)

Gabapentin 6%/Amitriptyline 6%/Lidocaine 2% #30 gram tube

(topical/scar or vaginal wall pain without spasm)

-Insert or apply ½ gram vaginally 1-2 times daily, or use 15-30 minutes prior to intercourse

Anal Fissures/Hemorrhoids Rectal Ointment

Nifedipine 0.3%/Lidocaine 1.5% Rectal Ointment #30 gram tube

-Apply pea sized amount rectally 3-4 times daily as directed

Vaginal Dryness/Atrophy

Estriol 0.6% vaginal cream #15 gram tube

- Insert/Apply ½ gram vaginally daily for two weeks, then use ¼- ½ gm 2-3 times weekly

Nipple Ointment

Mupirocin 2%/Triamcinolone 0.1%/Clotrimazole 2% #30 gram tube

- Apply sparingly to nipple/areola after feedings and showers

Suppository

Diazepam 5gm suppository #60 supp

Diazepam 10mg suppository #60 supp

-Unwrap and insert one suppository vaginally twice daily

Signature: _____

Printed Provider Name: _____

Date: _____ Refills: _____ NPI: _____

Tetracaine Lollipop Order Form

Excellent for dental or throat pain, often used
post procedure, strep throat, etc.

Patient Name: _____
DOB: _____
Address: _____
Phone Number: _____

TETRACAINE HCL 0.5% SORBITOL BASE LOLLIPOP #3

SUCK ON LOLLIPOP FOR 30 SECONDS EVERY 2 HOURS FOR 5 DAYS.

Alternate Directions if needed: _____

Signature: _____
Printed name: _____ NPI Number: _____
Number of Refills: _____ Date: _____

Compounded Auto-Immune and Pain Order Form

These are our most prescribed options, we can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name: _____
Address: _____ _____
DOB: ____/____/____
Phone: _____

Topical Pain Creams

- Ketamine 10%/Gabapentin 6%/
Clonidine 0.2%/Lidocaine 2%
**Neuropathy, scar pain, nerve damage*
- Ketoprofen 10%/Gabapentin 6%/
Lidocaine 2.5%/
Baclofen 2%/Cyclobenzaprine 2%
**Combination Anti-Inflammatory and
Neuropathic pain*
- Diclofenac 5%/Baclofen 2%/
Cyclobenzaprine 2%/Lidocaine 2%
**Anti-Inflammatory Pain*
- Magnesium Chloride 10%
**Muscle spasm, headache/migraine*
- Add Peppermint

*-Apply thin layer to painful area 3-4 times daily
#240 grams-we call patient with price options*

Low Dose Naltrexone

- 2 mg
- 2.5 mg ** Take one capsule QHS*
- 3 mg *(recommended dose for MS)*
- 4 mg
- 4.5 mg *(Most common effective dose)*
- Typical LDN Starting Regimen**
 - 2.5 mg QHS for two weeks, then
Increase to 4.5 mg QHS thereafter

*** This medication is very effective for:
- GI disorders (Crohns, IBS, Non-Specific Pain and Diarrhea, Chronic inflammation)
- Fibromyalgia
- Multiple Sclerosis (MS)
- Thyroid Disorders
- Autoimmune arthritis
- Autoimmune dermatologic conditions

***Please call with questions or for more information, our results have been excellent. For more information we recommend:

Lowdosenaltrexone.org

Provider Signature: _____
Printed name: _____ DEA# _____
Address: _____
Quantity: _____ Refills: _____ Date: _____