

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: _____