

## Compounded Topical Pain Cream Order Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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### ANTI-INFLAMMATORY CREAMS

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

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### NEUROPATHIC PAIN AND POST-HERPETIC NEURALGIA CREAMS

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

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### 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?*

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Please check below boxes if desired to add to formulation:

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

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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\*\*\*