

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%, Diclofenac 5%, Gabapentin 6% Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2%
- Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Lidocaine 2%
- Ketamine 10%, Gabapentin 6%, Diclofenac 5%, Lidocaine 2%, Clonidine 0.2%
- Magnesium 10%, Gabapentin 6%, Cyclobenzaprine 0.2% -*Headache cream, specify **Mint** or **No Scent***

Please check below boxes if desired to add to formulation:

- Acyclovir 5%- antiviral
- Magnesium Chloride 10%- muscle
- Menthol 5%/Phenol 2%

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

Quantity: _____ Refills: _____ Date: _____

Physician Name: _____

Physician Address: _____

Physician's Signature: _____ DEA: _____

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