

# WOUND AND SCAR MANAGEMENT



## OFFICE INFORMATION

TEL: (865) 243-2488

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
NPI# \_\_\_\_\_ DEA# \_\_\_\_\_

## PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

PLEASE ATTACH PATIENT DEMOGRAPHIC AND PRESCRIPTION INFORMATION

## INSURANCE INFORMATION

Prescription Insurance: \_\_\_\_\_ Primary Insured: \_\_\_\_\_  
Bin# \_\_\_\_\_ ID# \_\_\_\_\_ Rx Group # \_\_\_\_\_ PCN # \_\_\_\_\_

### Check Box For Applicable Prescription

#### **WOUND FORMULA \* Wound Gels Compounded in Cepapro Gel\***

##### **PAIN RELIEF WITH DEBRIDEMENT**

- Mupiricin 5%, Metronidazole 1%, Itraconazole 5%, Lidocaine 2%, Collogenase 250 mcg
- Vancomycin 5%, Mupiricin 5%, Metronidazole 1%, Lidocaine 2%, Collogenase 250 mcg
- Levofloxacin 2%, Mupiricin 4%, Metronidazole 1%, Itraconazole 1%, Lidocaine 2%, Collogenase 250 mcg
- Gentamicin 0.1%, Clindamycin 0.1%, Polymyxin B 2,000 mcg, Lidocaine 2%, Collogenase 250 mcg
- Mupiricin 5%, Metronidazole 1%, Itraconazole 5%, Lidocaine 2%, Papain 10%, Urea 10%

##### **PAIN RELIEF WITHOUT DEBRIDEMENT**

- Mupiricin 5%, Metronidazole 1%, Itraconazole 5%, Lidocaine 2%, Silver Sulfadiazine 1%
- Vancomycin 5%, Mupiricin 5%, Metronidazole 1%, Lidocaine 2%
- Levofloxacin 2%, Mupiricin 4%, Metronidazole 1%, Itraconazole 1%, Lidocaine 2%
- Gentamicin 0.1%, Clindamycin 0.1%, Polymyxin B 2,000 mcg, Lidocaine 2%

##### **FOR WOUND CLOSURE**

- ADD Phenytoin 5% AND Misoprostol 0.0024% to above formula for wound closure

#### **SCAR AND KELOID FORMULAS- \*Compounded in Silomac Anhydrous Gel\***

- Ubiquinol 10%, Nifedipine 4%, Pentoxifylline 3%, Tranilast 1%
- Ubiquinol 10%, Tamoxifen 0.1%, Lipoic Acid 0.5%, Tranilast 1%, Caffeine 0.1%
- Fluticasone Propionate 0.1%, Levocetirizine Dihydrochloride 8%, Pentoxifylline 3%, Ubiquinol 15%
- Betamethasone Valerate 0.1%, Tranilast 1%, Ubiquinol 10%

**QTY:** Circle One:                      120 GM                      240 GM                      360 GM                      Other: \_\_\_\_\_

**SIG:** Apply 1-2 GRAMS to affected area 4-6 times daily. OR **SIG:** \_\_\_\_\_

**REFILLS:**        1            2            3            4            5            prn

**PRESCRIBER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

FAX COMPLETED FORM TO (888) 689-9892