Topical Pain Management Prescription

CHECK BOX FOR APPLICABLE PRESCRIPTION

- [ ] ANTI-INFLAMMATORY (w/ Cox-2)
  - Celecoxib 15%, Diclofenac 3%, Gabapentin 3%, Bupivicaine 4%, Prilocaine 3%, Cetyl Myristoleate 2%

- [ ] NEUROPATHIC PAIN
  - Gabapentin 20%, Celecoxib 10%, Amitriptyline 4%, Diclofenac 3%, Baclofen 2%, Bupivicaine 2%, Cetyl Myristoleate 2%

- [ ] FIBROMYALGIA / MYOFASCIAL
  - Flurbiprofen 15%, Tramadol 5%, Gabapentin 6%, Magnesium Chloride 5%, Diclofenac 3%, Baclofen 2%, Prilocaine 3%, Cetyl Myristoleate 2%

- [ ] ARTHRITIS / JOINT PAIN (w/ Cox-2)
  - Celecoxib 12%, Gabapentin 10%, Diclofenac 3%, Cyclobenzaprine 2%, Tramadol 5%, Bupivicaine 3%, Prilocaine 4%

- [ ] RAYNAUDS / PVD / CLAUDICATION
  - Arginine 12.5%, Tramadol 5%, Nifedipine 5%, Pentoxyfylline 5%, Magnesium Chloride 5%, Amitriptyline 4%, Bupivicaine 3%, Diclofenac 3%, Clonidine 0.2%, Cetyl Myristoleate 2%

- [ ] SHINGLES
  - Gabapentin 15%, Baclofen 2%, Bupivicaine 4%, Prilocaine 3%, Diclofenac 3%, Clonidine 0.2%, Deoxy-D-Glucose 0.19%, Cetyl Myristoleate 2%

- [ ] MEDICARE FORMULA (for Pain)
  - Gabapentin 6%, Diclofenac 3%, Prilocaine 1%, Lidocaine 1%, Meloxicam 0.09%

- [ ] SCAR FORMULA *
  - Fluticasone Propionate 0.1%, Levocetirizine Dihydrochloride 8%, Pentoxyfylline 3%, Ubiquinol 15% in Freedom Pharmaceutical Silomac Anhydrous Base

- [ ] To add Ketamine to above formulas, write “Add Ketamine” and percentage : ______________________

QUANTITY: 120 GM  240 GM  360 GM (1 Month’s Supply)  480 GM (Scar)  Other: ________________

SIG: Apply 1-2 GRAMS to affected area 4-6 times daily (max 12 grams daily)
* (Scar: Apply 2-4 GRAMS to affected area 4-6 times daily- Max of 16 grams daily)

REFILLS: PRN  1  2  3  4  5  Other: ________________
* All Ingredients to be compounded in transdermal cream base vehicle

Physician’s Signature: ____________________________ Date: ________________________
Physician DEA# ________________________ Physician NPI# ________________________