

**ORDER FORM FOR OB/GYN MEDICATIONS**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \*\*Patient's Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 \*\*Home Phone Number: \_\_\_\_\_ \*\*Cell Phone Number: \_\_\_\_\_  
 Patient's Allergies: \_\_\_\_\_

Prescription Signature: \_\_\_\_\_  
 Prescriber: \_\_\_\_\_ Person Faxing: \_\_\_\_\_  
 DEA: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*PLEASE FAX COPIES OF BOTH MEDICAL AND PRESCRIPTION CARDS\*\***      \*\*Required Fields

I have indicated by number(s) below, in order of preference, the medication(s) I am prescribing. The pharmacy shall dispense my first preference, unless not covered by the patient's insurance, in which case the pharmacy shall proceed in similar manner based on my order of preference. The pharmacy may dispense any drug selected below, regardless of order of preference, based on the patient's choice.

**PAIN**

V002: **Ketamine HCL 15% - Flurbiprofen 5% - Baclofen 5% - Cyclobenzaprine HCL 3% - Gabapentin 10% - Bupivacaine HCL 2% - Menthol 2% Cream**  
 SIG: Gently spread to affected area 1-2 pumps 2-3 times daily. Each pump delivers 1.5 gm of active cream.  
 Quantity to Dispense: 180 gm  
 Other \_\_\_\_\_

**PELVIC PAIN**

PP001: **Gynecological - Gabapentin 6% - Lidocaine 5% - Ketamine 5% - Diazepam 1%**  
 SIG: Insert 1-2 gm vaginally 2 times per day.  
 Quantity to Dispense: 60    120 gm  
 Other \_\_\_\_\_

PP002: **Nabumetone 10% - Cyclobenzaprine HCL 2% Topical Lipoderm**  
 SIG: Apply 1-2 gm, externally to affected area two to three times a day.  
 Quantity to Dispense: 180 gm  
 Other \_\_\_\_\_

**VULVODYNIA**

V002: **Ketamine HCL 5% - Prilocaine HCL 2% - Diazepam 1% - Topical Spray**  
 V002: **Gabapentin 6% - Prilocaine HCL 2% Topical Spray**  
 SIG: Apply 2 sprays to affected area two to three times a day as directed.  
 Quantity to Dispense: 120

**ATROPHIC VAGINITIS**

AV001: **Hyaluronic Acid Sodium 5 mg/Gm Compound Vaginal Cream**  
 SIG: 1gm, vaginally with applicator once a day at bedtime as directed.  
 Quantity to Dispense: 30

**GENITAL WARTS**

GW001: **Fluorouracil 5% - Salicylic Acid 15% - Cimetidine 5% - Deoxy-D- Glucose 0.2% Topical Lipoderm # 30 ml**  
 SIG: Apply up to 1 ml, to affected area externally once daily at bedtime as directed.  
 Refills:    1    2    3    4    5    6    7  
               8    9    10    11    1yr  
 Other \_\_\_\_\_

**SCAR GEL**

S001: **Post Surgical - Fluticasone Propionate 1% - Levocetirizine Dihydrochloride 2% - Pentoxifyline 0.5 - Prilocaine HCL 3% - Gabapentine 15%**  
 SIG: Apply 1-2 gm, gently to affected area 2-3 times per day

S002: **Keloids - Fluticasone Propionate 0.5% - Levocetirizine Dihydrochloride 2% Pracasil (TM) - PLUS gel**  
 SIG: Apply 1-2 gm, gently to affected area 2-3 times per day  
 Refills:    1        2    3    4    5    1yr

S003: **Stretch Marks - Tretinoin 0.05% in Pracsil (TM) - PLUS gel**  
 Quantity to Dispense: 30 gm 60gm 90 gm 120 gm  
 SIG: Apply a thin layer to affected area(s) at bedtime.  
 Refills:    1        2    3    4    5    1yr

**YEAST INFECTION**

Y001: **Metronidazole 125 mg/ml—Nystatin 25,000 u/ml**  
 SIG: Apply one gram vaginally to affected area 2-3 times per day.  
 Quantity to Dispense: 60    120  
 Refills:    1        2    3    4    5    1yr

**MIGRAINE**

M001: **Sumatriptan Succinate 5% - Flurbiprofen 10% - Cyclobenzaprine HCL 2%**  
 SIG: Apply up to 1 gm, to affected area (forehead/temple) twice daily.

M002: **Ketamine HCL 5% - Gabapentin 6% - Amitriptyline HCL 3% - Diclofenac sodium 2% Prilocaine HCL 1%**  
 SIG: Apply up to 1 gm to affected area (forehead/temple) three to four times a day if needed.  
 Refills:    1        2    3    4    5    1yr

**NAUSEA/VOMITING**

NV001: **Promethazine HCL 25 mg/1 ml Topical Lipoderm®**  
 SIG: Apply 1 ml, to a wrist, and rub both wrist together for 30 seconds three to four times per day if needed for nausea/vomiting  
 Quantity to Dispense: 120

NV002: **Ondansetron 4 mg/0.1 ml Topical Lipoderm®**  
 SIG: Apply 0.1 ml, to a wrist, and rub both wrist together for 30 seconds two times a day if needed for nausea/vomiting  
 Quantity to Dispense: 6 ml

I AUTHORIZE THE PHARMACIST AND/OR PHARMACY STAFF TO ACT AS MY AGENT TO ACQUIRE A PRIOR AUTHORIZATION ON THIS PRESCRIPTION

REP ID

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