

ORDER FORM FOR PAIN AND SCAR MANAGEMENT MEDICATIONS

					Email:		
**Home Phone Number: Patient's Allergies:							
Patient's Al	ergies:						
Prescription	Signature:						
-							
e indicated by numb ince, in which case ence, based on the	er(s) below, in or the pharmacy sha	der of prefer	ence, the medication	on(s) I am prescribi	PRESCRIPATION CARE ng. The pharmacy shall dispe preference. The pharmacy m	**Required Fields ense my first preference, unless not covere ay dispense any drug selected below, reg	ed by the pati ardless of ord
MUSCU	LOSKELET	AL, AN	Π-INFLAMM	ATORY, AND	NEUROPATHY TE	RANSDERMAL PAIN CREA	MS
P001: Ketamin Cream	e HCL 10% -	Flurbiprof	fen 10% - Bac	ofen 1% - Cycl	obenzaprine HCL 1% -	Gabapentin 10% - Bupivacaine	HCL 2%
	e HCL 15% - 2% Cream	Flurbiprof	fen 5% - Baclo	fen 1% - Cyclo	benzaprine HCL 1% - 0	Gabapentin 10% - Bupivacaine F	ICL 2% -
² 003: Ketamin	e HCL 10% - 0	Gabapenti	n 6% - Nifedip	ine 2% - Prilloc	aine HCL 3% - Pentoxi	ifylline 5% - Lidocaine HCL 3%	
		•	-		% - Baclofen 2% - Tetra	acaine HCL 1%	
-				•	idocaine HCL 1%		
•			-		lurbiprofen 10%- Lidoc	ine HCL 2%	
	-	-			rilocaine HCL 2%	ing UCL 20/ Paglatan 20/ Ura	20/
		•	-		caine HCL 2% - Priicoa	ine HCL 2% - Baclofen 2% - Urea	13%
Other:							
				DIRECT	TONS		
☐ Apply 1-2	gm, 2-3 time p	er day.		DIRECT	TIONS		
,	gm, 2-3 time p gm, 3-4 times	•		DIRECT	TIONS		
☐ Apply 1-2		per day.		DIRECT	TIONS		
☐ Apply 1-2	gm, 3-4 times	per day.	□240 gm		TIONS		
☐ Apply 1-2☐ Other:	gm, 3-4 times	per day. 30 gm	□240 gm □4 □ 5				
☐ Apply 1-2☐ Other:☐ Quantity to Dis	gm, 3-4 times	per day. 30 gm □3	4 5	□Other: □1yr			
☐ Apply 1-2☐ Other:☐ Quantity to DisRefills:☐ ☐	gm, 3-4 times spense: □18 □2	per day. 30 gm □3	□4 □5 DSE TOPICA	□Other: □1yr L SCAR GEI	L WITH OR WITHOU		iin 459/
□ Apply 1-2 □ Other: □ Quantity to Dis Refills: □1	gm, 3-4 times spense: □18 □2 MUL7 se Propionate	per day. 30 gm □3 □3 FIPURPO 1% - Leve	DSE TOPICA	□Other: □1yr L SCAR GEI	L WITH OR WITHOW % - Pentoxifylline 0.5%	- Prilocaine HCL 3% - Gabapen	tin 15%
□ Apply 1-2 □ Other: □ Quantity to Dis Refills: □1	gm, 3-4 times spense: □18 □2 MUL7 The Propionate stitution of alte	per day. 30 gm 3 FIPURPO 1% - Levo	DSE TOPICA Docetirizine Dihy mulation at pati	□Other: □1yr L SCAR GEI vdrochioride 2° ent's request. S	L WITH OR WITHOU % - Pentoxifylline 0.5% ubstitute Hydrocortisone		tin 15%
☐ Apply 1-2 ☐ Other: Quantity to Dis Refills: ☐1 5001: Fluticasor ☐ Allow subs dramine HCL	gm, 3-4 times spense: □18 □2 MULT se Propionate stitution of alte 2% for Levoc	per day. 30 gm 3 3 FIPURPO 1% - Lever cetirizine,	DSE TOPICA Docetirizine Dihy mulation at pati	□Other: □1yr L SCAR GEI vdrochioride 2º ent's request. So e USP 3% for 0	L WITH OR WITHOU % - Pentoxifylline 0.5% ubstitute Hydrocortisone	- Prilocaine HCL 3% - Gabapente 2 2% for Fluticasone, Diphenhy	tin 15%
□ Apply 1-2 □ Other: □ Quantity to Dis Refills: □1 6001: Fluticasor □ Allow subs dramine HCL □ Do NOT a	gm, 3-4 times spense: □18 □2 MULT ne Propionate stitution of alte 2% for Levoc	per day. 30 gm 33 FIPURPO 1% - Levo rnative formative formative formotion of alternative formation of alternative fo	DSE TOPICA DOCETITIZE DITE DITE DITE DITE DITE DITE DITE DITE	□Other: □1yr L SCAR GEI ydrochioride 2º ent's request. So e USP 3% for O	L WITH OR WITHOU % - Pentoxifylline 0.5% ubstitute Hydrocortisone	e - Prilocaine HCL 3% - Gabapent e 2% for Fluticasone, Diphenhy (Silicone gel) fro PracaSil Base	'Sunscree
☐ Apply 1-2 ☐ Other: ☐ Quantity to Dis Refills: ☐ 1 6001: Fluticasor ☐ Allow subs dramine HCL ☐ Do NOT a 6002: Gabapent	mularization of alte 2% for Levocin 15% - Lora	per day. 30 gm 33 FIPURPO 1% - Level retirizine, for of alternative for alternative for alternation of alternation 2%	DSE TOPICA DOCETIFICATION CENTRAL PROPERTY OF THE PROPERTY OF	□Other: □1yr L SCAR GEI ydrochioride 29 ent's request. So e USP 3% for Con ICL 3% - Topic	L WITH OR WITHO % - Pentoxifylline 0.5% ubstitute Hydrocortisone Gabapentin, Hydrocele	- Prilocaine HCL 3% - Gabapent 2% for Fluticasone, Diphenhy (Silicone gel) fro PracaSil Base	'Sunscree
☐ Apply 1-2 ☐ Other: ☐ Quantity to Dis Refills: ☐ 1 6001: Fluticasor ☐ Allow subs dramine HCL ☐ Do NOT a 6002: Gabapent	mularization of alte 2% for Levocin 15% - Lora	per day. 30 gm 33 FIPURPO 1% - Level retirizine, for of alternative for alternative for alternation of alternation 2%	DSE TOPICA DOCETIFICATION CENTRAL PROPERTY OF THE PROPERTY OF	□Other: □1yr L SCAR GEI vdrochioride 2º ent's request. Si e USP 3% for On ICL 3% - Topic oride 2% - Topic	L WITH OR WITHOUTHOOF - Pentoxifylline 0.5% ubstitute Hydrocortisone Gabapentin, Hydrocele al Gel (PracaSilTM-Plus)	e - Prilocaine HCL 3% - Gabapent e 2% for Fluticasone, Diphenhy (Silicone gel) fro PracaSil Base	'Sunscree
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REP ID