

ORDER FORM FOR PAIN AND SCAR MANAGEMENT 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.

MUSCULOSKELETAL, ANTI-INFLAMMATORY, AND NEUROPATHY TRANSDERMAL PAIN CREAMS

- P001: Ketamine HCL 10% - Flurbiprofen 10% - Baclofen 1% - Cyclobenzaprine HCL 1% - Gabapentin 10% - Bupivacaine HCL 2% Cream
- P002: Ketamine HCL 15% - Flurbiprofen 5% - Baclofen 1% - Cyclobenzaprine HCL 1% - Gabapentin 10% - Bupivacaine HCL 2% - Men thol 2% Cream
- P003: Ketamine HCL 10% - Gabapentin 6% - Nifedipine 2% - Prilocaine HCL 3% - Pentoxifylline 5% - Lidocaine HCL 3%
- P004: Ketamine HCL 10% - Gabapentin 10% - Amitriptyline HCL 2% - Baclofen 2% - Tetracaine HCL 1%
- P005: Flubiprofen 5% - Amitriptyline HCL 2% - Gabapentin 10% - Lidocaine HCL 1%
- P006: Gabapentin 10%- Ketamine HCL 10% - Flurbiprofen 10% - Flurbiprofen 10%- Lidocine HCL 2%
- P007: Baclofen 2% - Cyclobenzaprine HCL 2% - Diclofenac 3% - Prilocaine HCL 2%
- P008: Tramadol HCL 5% - Gabapentin 5% - Flurbiprofen 5% - Lidocaine HCL 2% - Prilcoaine HCL 2% - Baclofen 2% - Urea 3%
- Other: _____

DIRECTIONS

- Apply 1-2 gm, 2-3 time per day.
 - Apply 1-2 gm, 3-4 times per day.
 - Other: _____
- Quantity to Dispense: 180 gm 240 gm Other: _____
- Refills: 1 2 3 4 5 1yr

MULTIPURPOSE TOPICAL SCAR GEL WITH OR WITHOUT SUNSCREEN

- S001: Fluticasone Propionate 1% - Levocetirizine Dihydrochloride 2% - Pentoxifylline 0.5% - Prilocaine HCL 3% - Gabapentin 15%
 - Allow substitution of alternative formulation at patient's request. Substitute Hydrocortisone 2% for Fluticasone, Diphenhydramine HCL 2% for Levocetirizine, Carbamazepine USP 3% for Gabapentin, Hydrocele (Silicone gel) for PracaSil Base
 - Do NOT allow substitution of alternative formulation
- S002: Gabapentin 15% - Loratadine 2% - Prilocaine HCL 3% - Topical Gel (PracaSilTM-Plus) Add Octinoxate - 4% "Sunscreen"
- S003: Fluticasone Propionate 1% - Levocetizine Dihydrochloride 2% - Topical Gel (PracaSilTM-Plus) Other: _____

DIRECTIONS

- Apply 1-2 gm gently to haled incision 2-3 time per day.
 - Other: _____
- Quantity to Dispense: 60 gm 120 gm 180 gm Other: _____
- Refills: 1 2 3 4 5 1yr

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

Ketamine HCL is a controlled (C-III) medication

REP ID
