

ORDER FORM FOR BARIATRICS 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.

COMPOUNDED PAIN, SCAR, AND NAUSEA MEDICATION

- P001: **Ketamine 10% - Baclofen 2% - Cyclobenzaprine 2% - Gabapentin 6% - Lidocaine HCL 2% - Prilocaine HCL 2% - Lipoderm (Pain)**
SIG: Apply 1-2 gm 3-4 times per day.
 Quantity to Dispense: 60 gm 20 gm 240 gm Other: _____
- P001: **Fluticasone Propionate 1% - Levocetirizine Dihydrochloride 2% - Pentoxifyline 0.5 - Prilocaine 3% - Gabapentin 15% - PracaSiITM (Scar Gel)**
SIG: Apply 1-2 gm to affected area 2-3 times per day for 10-14 weeks for scare reduction.
 Quantity to Dispense: 60 gm 120 gm 240 gm Other: _____
- P003: **Promethazine 25mg/0.5 ml - LipodermTM Nausea**
SIG: Apply 0.5 ml (25MG) to inner wrist then rub wrists together 3-4 times per day if needed.
 Quantity to Dispense: 5 ml 10 ml 15 ml Other: _____
- S001: **Hydrocodone/Apap Lip 7.5/500 mg per 15 ml**
SIG: Tale 10-20 ml every 4-6 hours prn. **Quantity to Dispense:** 120 ml 240 ml Other: _____
- S002: **Tramadol 50mg Tablets**
SIG: 1-2 tablets po every 4-6 hours prn. **Quantity to Dispense:** 30 #60 Other: _____
- N001: **Transderm Srop Patches**
SIG: Apply 1 patch the night before surgery leave on for 72 hours replace if necessary.
 Quantity to Dispense: 1 patch 2 patches Other: _____
 Refills: 2 3 4 5 1yr
- Zofran (ODT) 4mg**
SIG: Dissolve 1 tablet sublingually every 8 hours prn nausea.
 Quantity to Dispense: #10 #20 Other: _____
- Emend 40 mg**
SIG: Take 1 tablet po 2 hours before morning of surgery with one sip of water.
- Pepcid 20 mg**
SIG: Take 1 tablet by mouth twice daily. **Quantity to Dispense:** #60 #120 #180 Other: _____
- Lovenox 30 mg Syringe**
SIG: Check with MD office if they are going to dose it once daily.
 Quantity to Dispense: 10 (syringes) Other: _____
 Refills: 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

REP ID