

Fax: (913) 273-1468
Fax: (913) 727-6337



Toll-Free: 1800-746-9120

ORDER FORM FOR WOUND, SCAR & PAIN 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 PRESCRIPTION INSURANCE 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.

HEADACHE / MIGRANE

- P0004: **Sumatriptan Succinate 5% - Flurbiprofen 5% - Prilocaine HCL 2%**
SIG: Apply up to 1 gram to forehead or temple as needed. Maximum 4 grams per day

Quantity to Dispense: **120 gm**

WOUNDS WITHOUT INFECTION

- TWI001: **Phenytoin 5% - Misoprostol 0.0034% - Spira-Wash™ Gel**
- TWI002: **Phenytoin 2% - Misoprostol 0.0024% - Lidocaine HCL 1% - Prilocaine HCL 1% - Bupivacaine HCL 0.2% - Diphenhydramine HCL - Aloe Vera 0.2% - Polyox Bandage**
- TWI003: **Flurbiprofen 2% - Prilocaine HCL 2% - Misoprostol 0.0024% - Phenytoin 2% - Aloe Vera 0.2% - Spira-Wash™ Gel Bandage**

INFECTION WOUNDS

- TWI001: **Phenytoin 5% - Misoprostol 0.0024% - Metronidazole 2% - Spira-Wash™ Gel**
- TWI002: **Phenytoin 5% - Misoprostol 0.0024% - Gentamicin 0.2% - Spira-Wash™ Gel**
- TWI003: **Phenytoin 5% - Misoprostol 0.0024% - Mupirocin 5% - Spira-Wash™ Gel**
- TWI004: **Tobramycin 5% - Mupirocin 4% - Itraconazole 2% - Spira-Wash™ Gel**
- TWI005: **Levofloxacin 2% - Mupirocin 4% - Itraconazole 2% - Spira-Wash™ Gel**
- TWI006: **Vancomycin 5% - Mupirocin 5% - Spira-Wash™**

TOPICAL SCAR CARE

- TSC001: **Fluticasone Propionate 1% - Levocetirizine Dihydrochloride 2% - Pentoxifylline 5% - Prilocaine 3% - Gabapentine 10%**

Quantity to Dispense: 150 gm=4 week supply Other Quantity: _____
1 pump = 1 gm Apply 1-2 pumps to affected area 3-4 times per day.

COURSE OF THERAPY (REFILLS)

- 30 days (0 Refills) 60 days (1 Refills) 90 days (2 Refills)
 120 days (3 Refills) 150 days (4 Refills) 180 days (5 Refills)
 210 days (6 Refills) 360 days (11 Refills)

Other: _____

GENERAL PAIN & INFLAMMATION

(musculoskeletal pain, tendinitis, tendinosis, general pain)

- GPI001: **Tramadol 5% - Flurbiprofen 20% - Cyclobenzaprine 2% - Baclofen 2%**
- GPI002: **Flurbiprofen 10% - Cyclobenzaprine 2% - Baclofen 2% - Lidocaine 2%**

NEUROPATHIC & CHRONIC PAIN

(neuralgia, post-herpetic neuralgia, shingles, diabetic & chemotherapy induced peripheral neuralgia, phantom limb pain)

- NCP001: **Flurbiprofen 20% - Baclofen 2% - Cyclobenzaprine 2% - Gabapentin 6% - Lidocaine 2.5%**
- NCP002: **Diclofenac 5% - Baclofen 2% - Cyclobenzaprine 2% - Gabapentin 6% - Tetracaine 2.5%**

BACK & RADICULAR PAIN

(back pain, sciatica, failed back syndrome)

- BRP001: **Clonidine 0.2 - Flurbiprofen 10% - Gabapentin 6% - Lidocaine 2%**

FOR ADDITIONAL PAIN RELIEF

(If checked below, please dispense the following as an accompanying prescription to the prescribed therapy)

- Ketamine HCL** Quantity to Dispense:

5% 10% Other _____ %

Doctor Initials Required _____

Quantity to Dispense: **120 gm** (1 pump = 1 gm)

- Amantadine Plus - **Amantadine 8% - Tetracaine 5% - Bupivacaine 2.5% - Gabapentin 10%**

COURSE OF THERAPY (REFILLS)

- 30 days (0 Refills) 60 days (1 Refills) 90 days (2 Refills)
 120 days (3 Refills) 150 days (4 Refills) 180 days (5 Refills)
 210 days (6 Refills) 360 days (11 Refills)

Other: _____

Quantity to Dispense: 240 grams = 30 days supply

Apply 1-2 grams to affected area 3-4 times daily.

- 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