

**Patient Information:**

**PLEASE FAX Patient Demographic Sheet & Prescription Insurance Card if available.**

FIRST NAME:	LAST NAME:	DATE OF BIRTH:
PRIMARY PHONE #: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	SECONDARY PHONE #: <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK	LAST 4 DIGITS OF SSN:
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES: (If no allergies please check the NKDA box) <input type="checkbox"/> NKDA

**Rx Medication Order:**

**Pharmacist Please Compound:**

*Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.*

<p><b>* Plantar Fibromatosis</b></p> <p><input type="checkbox"/> # <b>X3. Formula</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">New!</span></p> <p>Verapamil HCl 15% Diphenhydramine HCl 2.5% Diclofenac sod 1%</p> <p>QTY: <input type="checkbox"/> 120gm/\$49 <input type="checkbox"/> 240gm/\$79</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply 1-2gm topically to affected area TID-QID</p>	<p><b>* Plantar Fibromatosis</b></p> <p><input type="checkbox"/> # <b>X6. Formula</b></p> <p>Nifedipine 10% + Pentoxifylline 5% Lidocaine 2% + Prilocaine HCl 2% Dimethylsulfoxide (DMSO) 1.5%</p> <p>QTY: <input type="checkbox"/> 120gm/\$49 <input type="checkbox"/> 240gm/\$79</p> <p><span style="border: 1px solid black; border-radius: 50%; padding: 2px;">New!</span></p> <p>Refills: _____</p> <p><b>SIG:</b> Apply 1-2gm topically to affected area TID-QID</p>	<p><b>* Plantar Fasciitis</b></p> <p><input type="checkbox"/> # <b>X7. Formula</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">New!</span></p> <p>Verapamil HCl 10% + Clonidine HCl 0.2% Gabapentin 6% + Diclofenac sod 3% Piroxicam 2% + Lidocaine 5%</p> <p>QTY: <input type="checkbox"/> 120gm/\$49 <input type="checkbox"/> 240gm/\$79</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply 1-2gm topically to affected area TID-QID</p>	<p><b>* Hyperhidrosis</b></p> <p><input type="checkbox"/> # <b>17. Formula</b></p> <p>Glycopyrrolate solution</p> <p>Amount: <input type="checkbox"/> 0.5% <input type="checkbox"/> 1% <input type="checkbox"/> 2%</p> <p>QTY (ml): <input type="checkbox"/> 60 <input type="checkbox"/> 120</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply 2 sprays to each affected area 2-3 times daily *Keep away from face</p>
<p><b>* Nail Fungus</b></p> <p><input type="checkbox"/> # <b>Formula X10</b> <i>(formerly known as CF-1)</i> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">New!</span></p> <p>Urea 40% + Salicylic Acid 10% + Ibuprofen 2% + Ketoconazole 2% + Tea Tree Oil 0.5%</p> <p>QTY: 10ml/\$54</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply to affected nail(s) at bedtime, let air dry for 2 minutes.</p>	<p><b>* Nail Fungus</b></p> <p><input type="checkbox"/> # <b>Formula X11</b> <i>(formerly known as 11C)</i></p> <p>Itraconazole 1% + Terbinafine HCl 2% + Ibuprofen 2% in DMSO polish</p> <p>QTY: <input type="checkbox"/> 15ml/\$44 <input type="checkbox"/> 30ml/\$64</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply to affected nail(s) at bedtime, let air dry for 2 minutes.</p>	<p><b>* Plantar Fibromatosis</b></p> <p><input type="checkbox"/> # <b>X1. Formula</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">New!</span></p> <p>Verapamil HCl 15%</p> <p>Add Lidocaine: <input type="checkbox"/> 2% <input type="checkbox"/> 5%</p> <p>QTY: <input type="checkbox"/> 240gm/\$64</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply 1-2gm topically to affected area TID-QID</p>	<p><b>* Raynaud's</b></p> <p><input type="checkbox"/> # <b>X2. Formula</b></p> <p>Nifedipine 5% Lidocaine 2%</p> <p>QTY: <input type="checkbox"/> 240gm/\$64</p> <p>Refills: _____</p> <p><b>SIG:</b> Apply 1-2gm topically to affected area TID-QID</p>

Notes:

QTY:

SIG:

See Reverse Side for More Rx Options!

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\* Aids in relieving the symptoms of these conditions and specialties. The information provided herein is for reference only and is not to be relied upon as making any representation as to the efficacy of any particular formulations. Nothing herein is intended to replace the independent judgement of a licensed professional. This form is proprietary of BioMed Pharmacy and is only intended for use between provider and patient. Any unauthorized use could result in legal action. This facsimile transmission is intended to be delivered to the named addressee and may contain information that is confidential, privileged, and proprietary or exempt from disclosure under applicable law. If it is received by anyone other than the named addressee, the recipient should immediately notify the sender at the address and/or telephone number set forth herein and obtains instructions as to the disposal of the transmitted material. In no event should such material be read or retained by anyone other than the addressee, except by express authority of the sender to the named addressee. FDA does not review compounded medication for safety or efficacy.

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<p><b>* Mild Inflammatory Pain</b> <b>* Mild Neuropathic Pain</b></p> <p><input type="checkbox"/> <b># 5. Formula</b></p> <p>Diclofenac sodium 3% Gabapentin 6% Lidocaine 2% Prilocaine HCl 2%</p> <p>QTY (gm): <input type="checkbox"/> 240 <input type="checkbox"/> 120</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>	<p><b>* Moderate Inflammatory Pain</b> <b>* Moderate Neuropathic Pain</b></p> <p><input type="checkbox"/> <b># 5C. Formula</b></p> <p>Clonidine HCl 0.2% + Diclofenac sod 5% Gabapentin 6% + Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Magnesium chloride 3% Lidocaine 2%</p> <p>QTY (gm): <input type="checkbox"/> 240 <input type="checkbox"/> 120</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>	<p><b>* Severe Inflammatory Pain</b> <b>* Severe Neuropathic Pain</b></p> <p><input type="checkbox"/> <b># 5U. Formula</b></p> <p>Ketamine HCl 5% + Diclofenac sod 5% Gabapentin 6% + Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Magnesium chloride 3% Lidocaine 2%</p> <p>QTY (gm): <input type="checkbox"/> 240 <input type="checkbox"/> 120</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>	<p><b>* Severe Inflammatory Pain</b> <b>* Severe Neuropathic Pain</b></p> <p><input type="checkbox"/> <b># 3. Formula</b></p> <p>Ketamine HCl 10% + Gabapentin 6% Amitriptyline HCl 2% + Baclofen 2% Cyclobenzaprine HCl 2% Diclofenac sodium 3% Lidocaine 5%</p> <p>QTY (gm): <input type="checkbox"/> 240 <input type="checkbox"/> 120</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>
<p><b>* Deep Tissue Pain</b></p> <p><input type="checkbox"/> <b># 8D. Formula</b></p> <p>Diclofenac sod 3% DMSO 10% + Gabapentin 6% Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Lidocaine 4%</p> <p>QTY (gm): <input type="checkbox"/> 240 <input type="checkbox"/> 120</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>	<p><b>* Sprains</b> <b>* Strains</b></p> <p><input type="checkbox"/> <b># 7. Formula</b></p> <p>Diclofenac sod 3% Ketoprofen 3% Piroxicam 2% + Gabapentin 3% Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Lidocaine 2%</p> <p>QTY (gm): <input type="checkbox"/> 240 <input type="checkbox"/> 120</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p>	<p><b>* Kerolytic</b> <b>* Antifungal</b></p> <p><input type="checkbox"/> <b># 12C. Formula</b></p> <p>Urea 20% + Lactic acid 2% Salicylic acid 5% + Vitamin E acetate 1% + Ciclopirox olamine 0.55% cream</p> <p>QTY: <input type="checkbox"/> 240gm/\$69 <input type="checkbox"/> 480gm/\$129</p> <p>Refills: _____</p> <p>SIG: Apply 2-4gm topically to affected area TID-QID</p>	<p><b>* Wound Care</b></p> <p><input type="checkbox"/> <b># 144B. Formula</b></p> <p>Vancomycin HCl 1% Gentamicin sulfate 0.1% Mupirocin 0.5% Metronidazole 0.5%</p> <p>QTY: <input type="checkbox"/> 60gm/\$99</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to affected area BID</p>
<p><b>* Scar and Keloid</b></p> <p><input type="checkbox"/> <b>Formula 27 Scar Gel</b></p> <p>Tamoxifen citrate 0.2% Lipoic Acid 5% in scar gel ADD: <input type="checkbox"/> Lidocaine 5%</p> <p>QTY: <input type="checkbox"/> 30gm/\$59 <input type="checkbox"/> 60gm/\$99</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to scar daily.</p>	<p><b>* Scar and Keloid</b></p> <p><input type="checkbox"/> <b>Formula 27-S Scar Gel</b></p> <p>Tamoxifen citrate 0.2% Lipoic Acid 5% Betamethasone val 0.1% in scar gel ADD: <input type="checkbox"/> Lidocaine 5%</p> <p>QTY: <input type="checkbox"/> 30gm/\$65 <input type="checkbox"/> 60gm/\$119</p> <p>Refills: _____</p> <p>SIG: Apply 1-2gm topically to scar daily.</p>	<p><b>Rx (notes):</b></p> <p>QTY: _____</p> <p>SIG: _____</p> <p>Refills: _____</p>	

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Attention Ohio Prescribers: This order form cannot be used to issue a prescription order for any Ohio resident. In lieu, you may call in a prescription by phone or submit your own form via fax.

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