

Prescription Order Form

Patient Information: PLEASE FAX with Patient Demographic Sheet if Available.

REQUIRED	FIRST NAME:	LAST NAME:	Additional Info	ADDRESS:
	PRIMARY PH #:	SECOND PH #:		CITY, STATE, ZIP:
	DATE OF BIRTH:	Is this a Worker's Comp or Auto Claim prescription? <input type="checkbox"/> Yes <input type="checkbox"/> No		EMAIL ADDRESS:
	ALLERGIES: (If no allergies please check the NKDA box) <input type="checkbox"/> NKDA			DRIVER'S LICENSE OR STATE ID #:

Rx Medication Order: Pharmacist Please Compound: Check appropriate box(s) & refill to order.

<p>* Mild Neuropathic Pain</p> <p>* General Pain</p> <p>* Inflammation</p> <p><input type="checkbox"/> # 5. Formula</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>SIG: Apply 1-2gm topically to affected area TID-QID</p> <p>Refills: _____</p>	<p>* Moderate Neuropathic Pain</p> <p>* Muscle Pain</p> <p>* Inflammation</p> <p><input type="checkbox"/> # 5C. Formula</p> <p>Clonidine HCl 0.2% + Diclofenac sod 5% Gabapentin 6% + Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Magnesium chloride hexahydrate 3% Lidocaine 2%</p> <p>QTY (gm): <input type="checkbox"/> 240 <input type="checkbox"/> 120</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p> <p>Refills: _____</p>	<p>* Severe Neuropathic Pain</p> <p>* Severe Pain</p> <p>* Muscle Pain</p> <p>* Joint Pain</p> <p><input type="checkbox"/> # 5U. Formula</p> <p>Ketamine HCl 5% + Diclofenac sod 5% Gabapentin 6% + Amitriptyline HCl 2% Cyclobenzaprine HCl 2% Magnesium chloride hexahydrate 3% Lidocaine 2%</p> <p>QTY (gm): <input type="checkbox"/> 240 <input type="checkbox"/> 120</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p> <p>Refills: _____</p>
<p>* Sprains</p> <p>* Strains</p> <p>* Muscle Pain</p> <p>* Persistent Pain</p> <p>* Arthritis</p> <p>* Inflammation</p> <p><input type="checkbox"/> # 7. Formula</p> <p>Diclofenac sodium 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>SIG: Apply 1-2gm topically to affected area TID-QID</p> <p>Refills: _____</p>	<p>* Deep Tissue Pain</p> <p>* Arthritis</p> <p>* Back Pain</p> <p>* Persistent Pain</p> <p>* Joint Pain</p> <p>* Bursitis</p> <p><input type="checkbox"/> # 8D. Formula</p> <p>Diclofenac sodium 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>SIG: Apply 1-2gm topically to affected area TID-QID</p> <p>Refills: _____</p>	<p>* Severe Neuropathic Pain</p> <p>* Severe Pain</p> <p>* Fibromyalgia</p> <p>* TGN</p> <p>* Muscle Pain</p> <p>* Inflammation</p> <p><input type="checkbox"/> # 3. Formula</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>SIG: Apply 1-2gm topically to affected area TID-QID</p> <p>Refills: _____</p>
<p>* Complex Regional Pain Syndrome</p> <p><input type="checkbox"/> # 2. Formula</p> <p>Ketamine HCl 10% + Pentoxifylline 6% + Clonidine HCl 0.2% + Dimethyl Sulfoxide (DMSO) 10%</p> <p>QTY (gm): <input type="checkbox"/> 240 <input type="checkbox"/> 120</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p> <p>Refills: _____</p>	<p>* Severe Neuropathic Pain</p> <p>* Moderate Neuropathic Pain</p> <p>* Muscle Pain</p> <p>* Inflammation</p> <p><input type="checkbox"/> # 5P. Formula</p> <p>Pregabalin 3% Diclofenac 3% Lidocaine 5%</p> <p>QTY (gm): <input type="checkbox"/> 240 <input type="checkbox"/> 120</p> <p>SIG: Apply 1-3gm BID to TID to affected area</p> <p>Refills: _____</p>	<p>Low Dose Naltrexone</p> <p><input type="radio"/> Naltrexone hcl IR Capsules (Starter Dose)</p> <p><input type="checkbox"/> 0.5mg <input type="checkbox"/> 1mg <input type="checkbox"/> 1.5mg (Same pricing for all 0.5mg-1.5mg strength!)</p> <p>QTY: <input type="checkbox"/> 14/\$35 <input type="checkbox"/> 21/\$40 <input type="checkbox"/> 28/\$45 <input type="checkbox"/> Other: _____</p> <p>SIG: Take 1 capsule daily at bedtime for 1 week, may increase to 2 capsules daily at bedtime for second week.</p>
<p><input type="checkbox"/> (Optional) Additional instructions or compounds</p>	<p>* Shingles</p> <p>* Postherpetic Neuralgia</p> <p><input type="checkbox"/> # 1. Formula</p> <p>Ketamine HCl 10% + Acyclovir 5% Amitriptyline HCl 2% + Lidocaine 2% Carbamazepine micronized 2%</p> <p>QTY (gm): <input type="checkbox"/> 240 <input type="checkbox"/> 120</p> <p>SIG: Apply 1-2gm topically to affected area TID-QID</p> <p>Refills: _____</p>	<p><input type="radio"/> Naltrexone hcl IR Capsules (Maintenance Dose)</p> <p><input type="checkbox"/> 3mg <input type="checkbox"/> 4.5mg (Same pricing for all 3mg & 4.5mg strength!)</p> <p>QTY: <input type="checkbox"/> 30/\$54 <input type="checkbox"/> 60/\$75 <input type="checkbox"/> 90/\$99</p> <p>SIG: Take 1 capsule daily at bedtime.</p> <p>Refills: _____</p>

Prescriber Information:

PRESCRIBER'S SIGNATURE:

PRESCRIBER NAME (PRINT):

NPI# or DEA# (CTP# for CNPs only): _____ **DATE:** _____

Contact Information:

ADDRESS:

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE #: _____ **FAX #:** _____

* 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 Specialty 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.