

FAMILY PRACTICE COMPOUNDED PRESCRIPTION REQUEST FORM

Patient Full Name: _____
 Address: _____
 City: _____ State: _____ ZIP: _____

Date of Birth: _____
 Phone #: _____
 Cell #: _____

Complete the information below for Worker Comp patients:
 Worker's Comp? Yes ___ No ___ Case # _____

Diagnosis Code(s): _____

Adjuster Info: _____

(Name, Address, and Telephone #)

KCBL	Ketoprofen 15% Cyclobenzaprine 2% Baclofen 2% Lidocaine 5%	Anti Inflammatory
VSP1	Nifedipine 2%, Clonidine 0.23%, Ketamine 11.5%, Gabapentin 6%, Flurbiprofen 10%, Bupivacaine 1%	Vascular pain
MSP1	*Ketamine 15%, Gabapentin 6%, Baclofen 2%, Cyclobenzaprine 2%, Flurbiprofen 10%	Musculoskeletal pain
NP1	*Ketamine 15%, Clonidine 0.2%, Gabapentin 6%, Amitriptyline 3%, Mefenamic Acid 3%, Bupivacaine 1%	Neuropathic pain
TA	Lidocaine, Prilocaine 10%, Phenylephrine 0.25%	Topical anesthetic
ATF1	Urea 40%, Fluconazole 1%, Mometasone 0.2%	Antifungal
TERB	Terbinafine HCL 50. Bilayer Nail Lacquer. Note: 15 ml is 30 day supply. Antifungal	Antifungal for toenail
WART	Cimetidine 2%, Deoxy D-Glucose 0.2%, 5-FU 5%, Salicylic Acid 20% - 30g	Wart cream
GOUT	Ketorolac 0.5%, Indomethacin 2%, Colchicine 0.05%, Loperamide 1%, Betamethasone 0.025%, Lidocaine 2.5%, Prilocaine 2.5% in Liposome Plus	Gout
NP1	*Ketamine 15%, Clonidine 0.2%, Gabapentin 6%, Amitriptyline 3%, Mefenamic Acid 3%, Bupivacaine 1%	Neuropathic pain
KGCL	*Ketamine 15% Gabapentin 6% Clonidine 0.2% Lidocaine 5%	Neuropathy, Fibromyalgia
KBCDGL	*Ketamine 10% Baclofen 2% Cyclobenzaprine 2% Diclofenac 3% Gabapentin 6% Lidocaine 5%	Neuropathy
SCAR	Fluticasone Propionate 1%, Levocetirizine Dihydrochloride 2%, Pentoxifylline 0.5%, Prilocaine 3%, Gabapentin 15%	Scar therapy
MIGR	Doxepin HCL 3%, Gabapentin 6%, Meloxicam 0.5%, Orphenadrine 5%, Pentoxifylly 4%, Ketamine HCL 10%	Migraine
PMMN	Phenytoin 5%, Misoprostol 0.0024%, Metronidazole 1%, Nifedipine 4% in Liposome Plus	Wound care
SHNG	Acyclovir 2%, Hydrocortisone 1%, Lidocaine 2%	Shingles
KA	Glycolic acid 10% ointment/cream	Keratolytic agent
MW	Maalox, Benadryl, Lidocaine viscous, Prednisolone 15mg/5ml	Mouth sores
MO	Triamcinolone 0.1%	Mouth ulcers
PLTF1	Verapamil 10%, Diclofenac 5%, Baclofen 2%, Mometasone 0.1%, Bupivacaine 1%	Plantar Fibrosis
EAR	Ciprofloxin 0.3%, Mometasone 0.1%	Ear pain drops
ACNE	Benzoyl Peroxide 5%, Clindamycin 1% gel	Acne gel
BLCH	Hydroquinone 6%, Retinoic Acid 0.05%, Hydrocortisone 1%, Dexamethasone 0.1%, Azelaic Acid 20%, Clindamycin 1.2%, 5-Fluorouracil	Skin bleaching
NAS	Levofloxacin 100mg, Amphotericin B 5mg, Mometasone 0.6mg	Nasal nebulizer
PLTM	Prilocaine 2.5%, Lidocaine 2.5%, Topiramate 1%, Meloxicam .009%	Anti inflammatory
APLTM	Acyclovir 5%, Prilocaine 2.5%, Lidocaine 2.5%, Topiramate 1%, Meloxicam 0.009%	Antiviral
TTD	Terbinafine 5% Banophen 1% Triamcinolone 0.1%	Antifungal
PLGMBC	Prilocaine 2.5% Lidocaine 2.5% Gabapentin 6% Baclofen 2% Cyclobenzaprine 2% Meloxicam 0.09%	Musculoskeletal / Neuropathic pain
PLNT	Verapamil 15%	Plantar Fibrosis
PLTMG	Prilocaine 2.5% Lidocaine 2.5% Gabapentin 6% Meloxicam 0.009% Toprimate 1%	Neuropathic pain
KV	Ketoprofen 15% Verapamil 10%	Scar therapy

Quantity: 180 GM _____ 240 GM _____ Other: _____
 Refills: 3 _____ 6 _____ 12 _____ Other: _____

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

Alternate SIG: _____

Note: Please include current medications and allergy lists.

*Ketamine is a controlled substance

Prescriber: _____ DEA: _____ NPI: _____

Address: _____ Date: _____

City: _____ State: _____ Zip: _____ Office Phone: _____

Person Faxing Form: _____ Office Fax: _____

Physician Signature: _____ Specialty: _____

Dispense as written _____ Substitution permitted _____
signature signature

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