Apothecary Options

Prescription Order Form

Patient Name: _____ **Date of Birth:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Allergies: _____ **Phone**: (_____) _____

COMPOUNDED MEDICATION

All formulations are compounded in a Pluronic Lecithin Organogel (PLO) Gel base
All formulations dispensed as a 30-day supply

Commonly Prescribed Formulations:

- ☐ **Diclofenac 3% + Gabapentin 5% + Lidocaine 5%**
- ☐ **Gabapentin 5% + Ketoprofen 10% + Lidocaine 5%**
- ☐ **Amitriptyline 2% + Bupivacaine 1% + Diclofenac 3% + Gabapentin 6% + Dimethyl Sulfone (MSM) 5%**

Custom Formula: ***(Max concentration of all ingredients combined is 20%)***

Acyclovir _____% (max 5%)
Baclofen _____% (max 2%)
Clonidine _____% (max 0.2%)
Diclofenac _____% (max 3%)
Gabapentin _____% (max 5%)
Ketamine* _____% (max 6%)
Lidocaine USP _____% (max 5%)
Pentoxifylline_____% (max 5%)
Tetracaine USP_____% (max 2%)

Amitriptyline _____% (max 2%)
Bupivacaine _____% (max 2%)
Cyclobenzaprine _____% (max 2%)
Dimethyl Sulfone (MSM) _____% (max 5%)
Guaifenesin_____% (max 5%)
Ketoprofen _____% (max 15%)
Meloxicam _____% (max 1.5%)
Piroxicam _____% (max 1%)

☐ **60gm** ☐ **120gm** **Refill _____** ***Valid DEA# required for Ketamine**

Directions: **Apply ½-1gm (small-large blueberry size) topically to affected area(s) 2-4 times daily as needed.**

Prescriber Signature: _____ **Today Date:** _____

Prescriber Printed Name: _____ **□MD □DO □ND □PA □NP**

State License: _____ **DEA:** _____ **NPI:** _____

Address: _____**City:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-mail:** _____

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