

Compound Rx

Date: ___/___/___

Patient

Name: _____ DOB: ___/___/___

Address: _____

City: _____ State: ___ Zip: _____

Prescription (Our pharmacists are available to discuss any formulations at 888-226-6779)

- KBCYL (Ketoprofen 20%/Baclofen 2%/Cyclobenz 2%/Lidocaine 5% PLO gel)
- Neuropathic K+ (with inflammation) (Ketoprofen 20%/Gabapentin 5%/Lidocaine 5%/Ketamine 2%)
- Neuropathic K+ (without inflammation) (Ketamine 2%/Gabapentin 5%/Amitriptyline 2%/Clonidine 0.6%/Lido 5%)
- Nero Gel (Ketoprofen 5%/Amitriptyline 2%/ Gabapentin 2%/Lido 5%/Tetracaine 2%)
- Ketamine 2%/Lidocaine 5% PLO gel
- Ibuprofen 10% gel
- NSAID (Ketoprofen 20%/Lido 10%)
- Ketamine 10%/Gabapentin 6%/Clonidine 0.3% in PLO gel
- Lidocaine 10%/Baclofen 2%
- Ketoprofen PLO 10% gel
- Topical Promethazine 50mg/ml # _____ syringes

Dispensing Instructions (Please circle):

QD BID TID QID UD Other: _____

Quantity: _____

Physician

Name: _____ Phone: (____) ____-_____

DEA#: _____ License#: _____

Signature: _____