

MD Name
Address Phone Fax Contact Name

Fax this Rx to 949-551-1950

Patient Name _____ Date _____

Address _____ Tel I _____ DOB _____

(This rx pad is printed on request of physician.)

Circle the Formula Number

p-1	Amitriptyline 5 % + Ketamine 5 % + Gabapentin 6 %	Gel	60g	App 2 to 3 times a day	Neuropathic Pain	Notes:
p-2	BLT Gel – Benzocaine 20% + Lidocaine 8% + Tetracaine 4%	Gel	30g	App 20 minutes prior to	Anesthetic	
p-3	Bupivacaine 1% + Phenylbutazone 5% + Lidocaine 5% + Gabapentin 5%	Gel	60g	App 2 to 3 times a day	Back Pain	
p-4	Capsaicin 0.025% + Menthol 2% + Camphor 1% (mild)	Gel	60g	App 2 to 3 times a day	Muscle Pain	
p-5	Capsaicin 0.05% + Menthol 2% + Camphor 2% (hot)	Gel	60g	App 2 to 3 times a day	Muscle Pain	
p-7	Diclofenac 5% + Lidocaine 4% + Prilocaine 2% + Gabapentin 3% + Baclofen 1% + Tramadol 1%	Gel	60g	App 2 to 3 times a day	Pain/Back Pain	
p-8	Diclofinac 25mg + Tramadol 30mg + Glucosamine 333mg	Cap	90	1Cap TID	Pain/Migraine	
p-9	Ibuprofen 10% + Ketoprofen 10% + Cyclobenzaprine 1%	Gel	60g	App 2 to 3 times a day	Pain/Muscle Spasms	
p-10	Ketamine 10% + Gabapentin 6% + Amitriptyline 5% + Clonidine 0.2% + Lidocaine 5%	Gel	60g	App 2 to 3 times a day	Neuropathic Pain	
p-11	Ketoprofen 1.5% + Piroxicam 2.5%	Gel	60g	App 2 to 3 times a day	Headache/Migraine	
p-12	Ketoprofen 10 %	Gel	60g	App 2 to 3 times a day	Osteoarthritis	
p-13	Ketoprofen 10% + Baclofen 1 % + Lidocaine 4% + Gabapentin 10% PLO	Gel	60g	App 2 to 3 times a day	Pain/Back Pain	
p-14	Ketoprofen 10% + Cyclobenzaprine 2% + Lidocaine 10%	Gel	60g	App 2 to 3 times a day	Hern/Degen Disc	
p-15	Ketoprofen 10%+Cyclobenz 1%+Lidocaine 4%+Bupivacaine 2%+ Ketamine 2%	Gel	60g	App 2 to 4 times a day	Hern/Degen Disc	
p-16	Ketoprofen 20%	Gel	60g	App 2 to 3 times a day	Osteoarthritis	
p-17	Ketoprofen 20% + Lidocaine 10%	Gel	60g	App 2 to 3 times a day	Pain	
p-18	Gabapentin 6% + Ketoprofen 10% + Lidocaine 10%	Gel	60g	App 2 to 3 times a day	Hern/Degen Disc	
p-19	Lidocaine 4% + Menthol 1% + Camphor 0.5%	Gel	60g	App 2 to 3 times a day	Anesthetic/Muscle Pain	
p-20	Lidocaine 5% + Diclofenac 10% + Ketamine 3% + Gabap 6% + Dexamth 0.1%	Gel	60g	App 2 to 3 times a day	Hern/Degen Disc	
p-21	Lidocaine 5% + Ketoprofen 20% + Ketamine 2% + Carbamezapine 5% + 0.2% 2 Deoxy-D-Glucose + 3% Acyclovir	Gel	60g	App 2 to 3 times a day	Herpetic Neuralgia	
p-23	Ketamine 10% + Gabapentin 6% + Amitriptyline 3% + Bupivacaine 5% + 2 Deoxy-D-Glucose 0.1%	Gel	60g m	App 2 to 3 times a day	Neuralgia	

Refills _____ Date _____

Physician Signature – Do Not Substitute