



Patient Name: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____

Please circle the compounding code for the medication you wish to prescribe, ex. **CP1**

Anti-Inflammatory Creams

- CP1 — Diclofenac 3% - Baclofen 2% (Arthritis - Tendonitis - Plantar Fasciitis - Epicondylitis)
- CP2 — Diclofenac 3% - Baclofen 2% - Verapamil 10% (Tendinosis - Strictures - Scarring)
- CP3 — Diclofenac 3% - Baclofen 2% - Cyclobenzaprine 2% - Lidocaine 2% (Musculoskeletal Pain)

Neuropathic Pain Cream

- CP0 — Ketoprofen 20% - Gabapentin 6% - Lidocaine 2.5% - Ketamine 5%
- CP4 — Ketamine 10% - Baclofen 2% - Cyclobenzaprine 2% - Gabapentin 6% - Lidocaine 5% (General Neuropathic Cream)
- CP5 — Ketamine 10% - Clonidine 0.2% - Gabapentin 6% - Imipramine 3% - Lidocaine 2%
- CP6 — Ketamine 10% - Baclofen 2% - Gabapentin 6% - Imipramine 3% - Nifedipine 2% - Lidocaine 2%
- CP7 — Ketamine 10% - Lidocaine 5% - Acyclovir 5% - Deoxy D Glucose 0.1% - Amitriptyline 2% - Ketoprofen 5% (Shingles)

Combination Pain Creams

- CP8 — Ketoprofen 20% - Baclofen 2% - Cyclobenzaprine 2% - Gabapentin 6% - Lidocaine 2.5%
- CP9 — Ketoprofen 10% - Baclofen 2% - Cyclobenzaprine 2% - Gabapentin 6% - Lidocaine 2% - Ketamine 10%
- CP10 — Diclofenac 3% - Baclofen 2% - Cyclobenzaprine 2% - Gabapentin 6% - Lidocaine 2%
- CP11 — Diclofenac 3% - Baclofen 2% - Cyclobenzaprine 2% - Gabapentin 6% - Lidocaine 2% - Ketamine 10%
- CPW — Ketoprofen 20% - Camphor 0.5% - Lidocaine 4% - Menthol 1% Cream (Musculoskeletal Pain/Inflammation)

Miscellaneous

- APNC — All Purpose Nipple Cream - Mupirocin 2% - Betamethasone Val 0.1% - Miconazole 30.6 grams
- TESTOS — Testosterone (___mg/___ml) drops - Alcohol 91% - Propylene - Testosterone Powder - Ethoxyl Diglycol - Dimethyl Sulfoxide
- Migraine — Sumatriptan 5% - Tramadol 2% - Pentoxifylline 5% - Dexamethasone 0.1% - Lidocaine 5%
- SCAR — Fluticasone Propionate 1% - Levocetirizine Dihydrochloride 2% - Pentoxifylline 0.5% - Prilocaine 3% - Gabapentin 15% - Vitamin E Acetate 0.5%
- SCAR 5 — Amitriptyline 5% - Levocetirizine Dihydrochloride 2% - Pentoxifylline 0.5% - Prilocaine 3% — Gabapentin 15% - Vitamin E Acetate 0.5%

Please circle a bottle size for the medication you wish to prescribe: **180 MG** **240MG**

Physician's Name: _____ DEA #: _____ Phone Number: _____

Physician's Signature: _____ Date: _____ Refills: _____

Physician's Address: _____ State: _____ ZIP: _____