

Patient Name: _____ Date: _____

Address: _____ Phone # _____

City: _____ State: _____ Zip: _____ DOB _____

Credit Card # _____ Exp Date: _____

Allergies: _____

Topical Therapy For DJD, Neuropathic Pain, or General Pain

Amitriptylline 2% • Baclofen 2% • Clonidine 0.1% • Gabapentin 6% • Ketoprofen 10%
Amitriptylline 2% • Baclofen 2% • Clonidine 0.1% • Ketamine 10% • Ketoprofen 10%
Ketamine 10% • Gabapentin 6% • Clonidine 0.2% • Nifedipine 2%
Amitripr 2% • Clonidine 0.2 % • Ibupr 10% • Ketamine 10% • Ketopr 10% • Lidoc 5%
Ketoprofen 10% • Ibuprofen 4% • Lidocaine 2%
Amitriptylline 2% • Gabapentin 10% • Ketoprofen 5% • Tetracaine 1%
Ketoprofen 10% • Ibuprofen 4% • Lidocaine 2%
Ketoprofen 10% • Ibuprofen 10% • Cydobenzaprine 2%

Dispense: 30gm—60gm—90gm—120gm

*Apply 3-4 times daily as needed for pain

Sig: _____

Refill: 0—1—2—3—6 Months—1 Year

M.D. Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

DEA: _____ Telephone # _____

Ship To:

- Patient
- Phycian Office

Bill To:

- Patient
- Phycian Office

