



Date: _____ Patient Name: _____
 DOB: _____ Address: _____
 City: _____ State: _____ Phone: _____ Allergies: _____
 Call When Ready Text Message When Ready Delivery Mail Out

Palliative Care/Hospice

Amitriptyline 2%/Deoxy-D-Glucose 2%/Gabapentin 10%/Ketoprofen 5%/Tetracaine 1% in Lipoderm Cream
 Baclofen 2%/Clonidine 0.2%/Gabapentin 6%/Ketamine 5% in Lipoderm Cream
 Clonidine 0.2%/Gabapentin 6%/Ketamine 10%/Lidocaine 5% in Lipoderm Cream
 Sig (For the above 3 compounds): Apply topically to affected area up to QID PRN Qty: _____

Dexamethasone 4mg/Diphenhydramine 25mg/Metoclopramide 10mg/0.5ml Topical Cream Qty: _____
 Sig: Apply topically to inner wrist Q 8 hours PRN
 Dexamethasone 4mg/Diphenhydramine 25mg/Metoclopramide 10mg/0.5ml Suppository Qty: _____
 Sig: Insert 1 suppository rectally Q 8 hours PRN

Haloperidol Topical - Dosed per 0.1ml applied to inner wrists (circle strength) 0.5mg 1mg 2mg 3mg
 Sig: Apply 0.1ml topically to inner wrist (frequency) _____ Qty: _____
 Lorazepam Topical - Dosed per 0.1ml applied to inner wrists (circle strength) 0.5mg 1mg 2mg
 Sig: Apply 0.1ml topically to inner wrists (frequency) _____ Qty: _____

Methadone Topical - Dosed per 0.1ml applied to inner wrists (circle strength) 2.5mg 5mg 7.5mg 10mg 12.5mg 15mg
 Sig: Apply 0.1ml topically to inner wrists (frequency) _____ Qty: _____
 Morphine Topical - Dosed per 0.1ml applied to inner wrists (circle strength) 2.5mg 5mg 7.5mg 10mg 12.5mg 15mg
 Sig: Apply 0.1ml topically to inner wrists (frequency) _____ Qty: _____

LAMB Spray (Lidocaine/Atropine/Metronidazole/Benadryl) #60ml Sig: _____
 Lidocaine Spray (circle strength) 4% 5% #60ml Sig: _____
 Morphine/Lidocaine Spray (circle strength) 10%/2.5% 10%/5% #60ml Sig: _____

Ketoprofen 20% in Lipoderm Cream #30gm Sig: AAA TID-QID PRN
 Ketoprofen 20%/Lidocaine 3% in Lipoderm Cream #30gm Sig: AAA TID-QID PRN
 Promethazine Topical Gel (circle strength) 25mg/0.2ml 12.5mg/0.2ml
 Sig: Apply 0.2ml topically to inner wrist Q 4-6 hours PRN Nausea

Cholestyramine in Aquaphor Diaper Rash Ointment (circle strength) 10% or 20% #60gm Sig: AAA TID-QID PRN
 Cholestyramine 10%/Mupirocin 0.5%/Nystatin 25,000 units/gm #60gm Sig: AAA TID-QID PRN

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature: _____

Print Name: _____ Agent sending fax: _____

NPI: _____ DEA: _____

Clinic Name: _____
 Clinic Address: _____
 Clinic Phone/Fax: _____

