



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

<p><input type="checkbox"/> Sumatriptan 4%/Meloxicam 2%/Topiramate 5% Topical Lipoderm® Cream (circle one) Qty: #30 gm, 60 gm, 120 gm or: _____ Sig: _____</p> <p><input type="checkbox"/> Baclofen 2%/Ketoprofen 10%/Lidocaine 5%/Gabapentin 5% Topical Lipoderm® Cream (circle one) Qty: #30 gm, 60 gm, 120 gm or: _____ Sig: _____</p> <p><input type="checkbox"/> Ketamine HCl 5%/Gabapentin 6%/Amitriptyline HCl 3%/Indomethacin 5%/Tizanidine HCl 0.23%/Lidocaine 2% Topical Lipoderm® ActiveMax™ Cream (circle one) Qty: #30 gm, 60 gm, 120 gm or: _____ Sig: _____</p> <p><input type="checkbox"/> Sumatriptan 5%/Tramadol HCl 5%/Gabapentin 5%/Doxepin HCl 5%/Indomethacin 5% Topical Lipoderm® Cream (circle one) Qty: #30 gm, 60 gm, 120 gm or: _____ Sig: _____</p> <p><input type="checkbox"/> Magnesium Sulfate Heptahydrate 10% Topical Lipoderm® ActiveMax™ Cream (circle one) Qty: #30 gm, 60 gm, 120 gm or: _____ Sig: _____</p>	<p><input type="checkbox"/> Indomethacin 10% Topical Lipoderm® Cream (circle one) Qty: #30 gm, 60 gm, 120 gm or: _____ Sig: _____</p> <p><input type="checkbox"/> Diclofenac Sodium 4% Topical Lipoderm® Cream (circle one) Qty: #30 gm, 60 gm, 120 gm or: _____ Sig: _____</p> <p><input type="checkbox"/> Lidocaine HCl 4%/Ketamine 2.5% Buffered Nasal Spray (circle one) Qty: #30 ml, 60 ml, or: _____ Sig: _____</p> <p><input type="checkbox"/> Lidocaine HCl 4% Isotonic Nasal Spray (circle one) Qty: #30 ml, 60 ml, or: _____ Sig: _____</p> <p><input type="checkbox"/> Riboflavin 200 mg/Caffeine 30 mg/Ketoprofen 12.5 mg Capsules (circle one) Qty: #30, #60, #90 or: _____ Sig: _____</p>
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Healthcare Provider Signature:
Print Name: _____
NPI: _____

Refills: 1 2 3 4 5 PRN

Agent sending: _____
DEA: _____

<p>Clinic Name: _____ Clinic Address: _____ Clinic Phone/Fax: _____</p>	
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