



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

Dexamethasone 0.4%/Ketamine 1%/Ketoprofen 15%/Lidocaine 2% Cream
(circle quantity) Qty: 30gm, 120gm, 240gm, or _____
 Sig: Apply topically to painful area(s) 3-4 times daily as directed.

Dexamethasone 0.4%/Ketamine 1%/Ketoprofen 15%/Lidocaine 5% Cream
(circle quantity) Qty: 30gm, 120gm, 240gm, or _____
 Sig: Apply topically to painful area(s) 3-4 times daily as directed.

Dexamethasone 0.4%/Ketamine 3%/Ketoprofen 15%/Lidocaine 5% Cream
(circle quantity) Qty: 30gm, 120gm, 240gm, or _____
 Sig: Apply topically to painful area(s) 3-4 times daily as directed.

Dexamethasone 0.4%/Ketamine 5%/Ketoprofen 15%/Lidocaine 5% Cream
(circle quantity) Qty: 30gm, 120gm, 240gm, or _____
 Sig: Apply topically to painful area(s) 3-4 times daily as directed.

Urea Cream 40% Thick Qty: 60gm
 Sig: Apply topically to affected area twice daily

Glycolic Acid 10% / Urea 34% Cream Qty: 60gm
 Sig: Apply topically to affected area twice daily

Glycolic Acid 20% / Urea 20% Cream Qty: 60gm
 Sig: Apply topically to affected area twice daily

Thymol in Alcohol _____%
 Qty: _____
 Sig: _____

Ketamine 4%/Ketoprofen 10%/Lidocaine 2% Cream
(circle quantity) Qty: 30gm, 120gm, 240gm, or _____
 Sig: Apply topically to painful area(s) 3-4 times daily as directed.

Ketamine 5%/Gabapentin 10%/Clonidine 0.2%/Baclofen 2% Cream
(circle quantity) Qty: 30gm, 120gm, 240gm, or _____
 Sig: Apply topically to painful area(s) 3-4 times daily as directed.

Clonidine 0.2%/Gabapentin 6%/Ketamine 10% Cream
(circle quantity) Qty: 30gm, 120gm, 240gm, or _____
 Sig: Apply topically to painful area(s) 3-4 times daily as directed.

Nifedipine Cream 4%, or 8% (please circle strength)
(circle quantity) Qty: 30gm, 120gm, 240gm, or _____
 Sig: Apply topically to affected areas on digits 1 to 2 times daily as needed.

Verapamil 15% Plo Gel
(circle quantity) Qty: 30gm, 120gm, 240gm, or _____
 Sig: Apply topically to affected areas on digits 1 to 2 times daily as needed.

Wart Magic (Salicylic Acid 20%/Lactic Acid 10%/ Formaldehyde 8% in Flexible Collodion) Qty: 15 ml
 Sig: Apply topically to warts QHS and cover

Salicylic Acid 20%/ 5-FU 5% in DMSO Qty: 15 ml
 Sig: Apply topically to warts QHS and cover

Terbinafine 1.67% in DMSO Topical Suspension
 Qty: 15 ml
 Sig: Apply topically to affected nail(s) 1-2 times daily

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature:

Print Name: _____ **Agent sending:** _____
NPI: _____ **DEA:** _____

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

