



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

Gabapentin 6% Vaginal Gel (Mucolox™/Versabase®)

Qty: 45 gm
 Sig: Insert 1 gm vaginally 2-3 times daily for 5 days, then adjust dose based on patient response.

Ketamine HCl 0.5%/Diazepam 1%/Baclofen 2% Vaginal Gel (Mucolox™/Versabase®)

Qty: 45 gm
 Sig: Insert 1 gm vaginally 2-3 times daily for 5 days, then adjust dose based on patient response.

Amitriptyline HCl 2 %/Baclofen 2% Vaginal Gel (Mucolox™/Versabase®)

Qty: 45 gm
 Sig: Insert 1 gm vaginally 2-3 times daily for 5 days, then adjust dose based on patient response.

Diazepam 1% Vaginal Gel (Mucolox™/Versabase®)

Qty: 45 gm
 Sig: Insert 1 gm vaginally 2-3 times daily for 5 days, then adjust dose based on patient response.

Diazepam 10 mg Suppositories

Qty: 30 Suppositories
 Sig: Insert 1 suppository vaginally at bedtime for 30 days, following re-evaluation; therapy may be maintained with 1 suppository as needed three times per week.

Refills: 1 2 3 4 5 PRN

 Healthcare Provider Signature:

Print Name: _____ Agent sending: _____

NPI: _____ DEA: _____

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

