

KENNEDY PHARMACY

Doctor's Pavilion, University of Medicine and Dentistry

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FAX Prescription

Pain - Inflammation/Neuropathic Prescription Form

Compounded Medication

PATIENT INFORMATION

Patient Name: _____ Date: ___/___/___

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Birth Date: ___/___/___

Allergies: _____ e-mail Address: _____

PHYSICIAN INFORMATION:

Physician Name: _____ Date: ___/___/___

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ e-mail Address: _____

NSAIDS (Pain & Inflammation):	Skeletal Muscle Spasms:
Ketoprofen ___5% ___10% ___15%	Cyclobenzaprine ___1% ___2%
Diclofenac ___3% ___5% ___10%	Guaifenesin ___5% ___10%
Ibuprofen ___10% ___20%	Neuropathy:
Piroxicam ___1% ___2%	Amitriptyline ___1% ___2%
Anesthetic:	Ketamine (CIII) ___1% ___2% ___5%
Lidocaine ___1% ___2% ___5%	Gabapentin ___3% ___6%
Tetracaine ___2% ___4%	Clonidine ___0.1% ___0.2% ___0.3%
Bupivacaine ___0.5% ___1% ___2%	Baclofen ___1% ___2%
	Carbamazepine ___1% ___2%

✓ Place a check mark next to the desired ingredients and strengths, or write your own formula.

Rx	
_____	_____
Substitution Permitted	Dispense as Written
DEA No. _____ (include if component(s) of compound is/are controlled substances)	

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