



PAIN ASSOCIATES

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

**PRESCRIPTION**

Lidocaine/ Prilocaine Topical CRM: 2.5%/2.5%

Sig: Dose: apply smallest effective amount topically (preferably 1hr) before procedure.

Do not apply on open wounds.

Dispense 30g, 1 tube of cream.

SIGNED: \_\_\_\_\_ DEA: \_\_\_\_\_

PROVIDER: \_\_\_\_\_ PA-C

**Pain & Wellness of Scottsdale**

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