

1

Patient Name _____

Cell Phone _____ **Date of Birth** _____

Street Address _____

City _____ State _____ Zip _____

Diagnosis/ICD-9 Code _____

Allergies _____

Current Medications _____

Fax RX to: _____

RX Insurance _____

ID# _____

RX BIN# _____

RX GRP# _____

Work Comp YES NO

WC Case # _____

2

Prescribe and/or alter formulations below as you see fit for your patient's diagnosis. DEA prohibits preprinting of controlled substances

ANTI-INFECTIVE HYDROTHERAPY

Medication Delivery Method

Hydrotherapy foot bath - Add solution to foot bath & allow to agitate. Soak feet in solution for 10 minutes. Perform once daily.

Rinse - Irrigate wound with all the contents of the irrigation container once daily.

Rinse and Topical Gel - Irrigate wound with all the contents of the irrigation container once daily. After irrigating the wound, apply up to 1 gram of wound compound directly to wound or sterile dressing once daily.

C lindamycin Phos 0.3%, G entamicin Sulf 0.03% in a wound base - Apply 1 gm to wound daily. - 30 gm

Doxycycline 2.5%, Ketoconazole 2.5%, Tobramycin 2.5%, Mupirocin 1.726% compounded ointment - #30 - 25 gm bottles (750 gm) - Add warm water to one bottle & shake. Add all the contents of one bottle to the foot bath or irrigation bottle. Perform once daily.

Sub Option 1: Ciprofloxacin 2.5%, Doxycycline 2.5%, Ketoconazole 2.5%, Mupirocin 1.724% compounded ointment - #30 - 25 gm bottles (750 gm) - Add warm water to one bottle & shake. Add all the contents of one bottle to the foot bath or irrigation bottle. Perform once daily.

Sub Option 2: Doxycycline 100 mg capsule - #90 capsules
Mupirocin 2% ointment - #30 - 22 gm tubes (660 gm)
Voriconazole 200 mg vials - #30 vials

Sub Option for Mupirocin: Polymyxin B 500 MU vials - #30 vials PLUS
Bacitracin 50,000 unit vials - #30 vials

Sub Option for Voriconazole: Nystatin 100,000 IU/gm Powder - #30 - 15 gm containers (450 gm)

- Add contents of 3 capsules of doxycycline, 1 tube (22 gm) of Mupirocin, and 1 vial of Voriconazole into irrigation bottle. Add warm water & shake. Add all the contents of one bottle to the foot bath or use irrigation bottle as directed. Perform once daily.

Sub Option 3: Doxycycline 100 mg, Mupirocin 30 mg, Clotrimazole 30 mg compounded capsule - Add contents of 1 capsule into irrigation bottle. Add warm water & shake. Add all the contents of one bottle to the foot bath or use irrigation bottle as directed. Perform once daily. - #30 capsules

Refills: PRN or _____ Alt Sig: _____ Alt QTY: _____

Procedure Kits

Date of Procedure: _____

Toenail Removal Kit - Epsom Salt, Band Aids **Diclofenac 2.88%, Bacocalmine 2%, Panthenol 2% compounded topical** - Apply 1-2 grams (2-4 FTU) 1-2 times daily. - 120 gm

Pre/Post Operative Kit - Rinse bottle, Adapta-Cap, Syringe, Gauze Pads 4X4, Paper Tape

HYPERKERATOSIS FORMULATIONS

Urea 20% cream - Apply up to 2 grams (4 FTU) to affected area(s) twice daily as directed. - #2 - 3 oz tubes (170 gm)

AND Fluocinonide 0.1% Cream - Apply up to 4 grams (8 FTU) to affected area(s) twice daily as directed. - 240 gm

Sub Option for Fluocinonide: Clobetasol 0.05% ointment - Apply up to 3 grams (6 FTU) to affected area(s) twice daily as directed. - 180 gm

Sub Option 1: Urea 25%, Salicylic Acid 5% compounded ointment - Apply up to 2 grams (4 FTU) to thick, rough area(s) twice daily as directed. - 120 gm

Refills: PRN or _____ Alt Sig: _____ Alt QTY: _____

NAIL FUNGUS HYDROTHERAPY

Voriconazole 200 mg vials - Add contents of one vial to foot bath and allow to agitate. Place feet in solution for 10 minutes once daily. - #30 vials

Sub Option 1: Oxiconazole 1% cream - #30 - 30 gm tubes (900 gm)

Sub Option 2: Econazole 1% cream - #30 - 30 gm tubes (900 gm)

Sub Option 3: Ketoconazole 2% cream - #30 - 30 gm tubes (900 gm)

Sig for Sub Option 1, 2, or 3: Add contents of 1 tube to mixing container. Add warm water & shake. Add all the contents of one bottle to the foot bath and allow to agitate. Place feet in solution for 10 minutes daily.

Sub Option 4: Nystatin 100,000 IU/gm Powder - Add contents of one container to foot bath and allow to agitate. Place feet in solution for 10 minutes once daily. - #30 - 15 gm containers (450 gm)

Sub Option 5: Ibuprofen 2% in Miconazole 2% cream - Soak feet in luke warm water in a foot basin with 1 scoop of Epsom salt for 10 minutes. Tap dry feet and apply up to 2 grams to the affected area once daily. - 60 gm

Refills: PRN or _____ Alt Sig: _____ Alt QTY: _____

TRANSDERMAL PAIN FORMULATIONS

Neuropathic & Anti-Inflammatory Formulations

Doxepin 5% Cream - Apply 1-2 grams (2-4 FTU) to affected area 3-4 times daily - 225 gm
AND Diclofenac Sodium 5%, Gabapentin 5%, Amitriptyline HCl 2% compounded cream - Apply 1 gm (2 FTU) to the affected area 3-4 times daily. Rub in well for 1-2 minutes - 120 gm

Sub Option for Doxepin: Lidocaine 5% Ointment - Apply 1-2 grams (2-4 FTU) to affected area 3-4 times daily - 200 gm

Sub Option for compounded cream: Diclofenac 3% Gel - Apply 1-2 grams (2-4 FTU) to affected area 3-4 times daily - 200 gm

Sub Option 1: Diclofenac 3% Gel - Apply 1-2 grams (2-4 FTU) to affected area 3-4 times daily - 200 gm
AND Gabapentin 10%, Baclofen 2%, Clonidine HCl 0.2% compounded cream - Apply 1 gm (2 FTU) to the affected area 3-4 times daily. Rub in well for 1-2 minutes - 120 gm

Sub Option for Diclofenac: Diclofenac 1.5% Solution - Apply 40 drops to affected areas 4 times daily - 150 ml

Sub Option 2: Alternate Compounding Legend - (M1) Lamotrigine 2.5%, Lidocaine 2%, Prilocaine 2%, Meloxicam 0.2% - (TC2A) Topiramate 4%, Orphenadrine 3.125% in Diclofenac 3% gel - (TC3) Diclofenac 3%, Topiramate 3% in Lidocaine 5% - (TC7) Gabapentin 5%, Topiramate 1%, Diclofenac 0.9%, Lidocaine 0.4%, Desonide 0.005% - (MTTLP) Meloxicam 0.09%, _____ 0.25%, Topiramate 1%, Lidocaine 2%, Prilocaine 2% - (GLDBA) Gabapentin 6%, Lidocaine 5%, Diclofenac 2.5%, Baclofen 2% - (GGLPM) Gabapentin 6%, Guaifenesin 5%, Lidocaine 2%, Prilocaine 2%, Meloxicam 0.09% - (AC3) Gabapentin 6%, Diclofenac 4%, Baclofen 2%, Lidocaine 2% - Diclofenac Sodium 5%, Gabapentin 5%, Amitriptyline HCl 2% - Gabapentin 5%, Ketoprofen 2.5%, Lidocaine 2.25%, Prilocaine 2.25%, Clonidine 0.2%

Sig: Apply 1-2 grams (2-4 FTU) to the affected area 3-4 times daily. Rub in well for 1-2 minutes. (PD1) - 240 gm

Refills: PRN or _____ Alt Sig: _____ Alt QTY: _____

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By my signature below I authorize the pharmacy to dispense the first preference formulation (FPF) indicated above. If FPF is not covered by the patient's insurance, the Rph may substitute the Sub Option.

Signature _____

Substitution Permitted

Dispense as Written

DEA # _____ NPI # _____

DEA # _____ NPI # _____

DEA # _____ NPI # _____

DEA # _____ NPI # _____

Pharmacy specializes in customizing medications to meet unique patient and practitioner needs. Above are examples of some commonly prescribed formulations across a diverse array of specialties, and is not meant to encourage the use of any formula contained within. Please apply your professional judgment within the scope of your specialty when prescribing. Pharmacy dispenses only to individually identified patients with valid prescriptions. No compounded medication is reviewed by the FDA for safety or efficacy. Pharmacy does not compound copies of commercially available products. References available upon request. No claims are made as to the safety, efficacy or use of these ingredients or formulations.

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Date _____

Address 1 _____

Address 2 _____

Phone _____

Fax _____

Office Contact _____