

Patient: _____ Date: ___ / ___ / _____

Date of Birth: ___ / ___ / _____ Phone Number: (____) ____ - _____

Doctor's Name: _____

Phone Number: (____) ____ - _____ DEA or NPI: _____

Pain Creams:

___ #1 diclofenac 3%, Baclofen 2%, Cyclobenzaprine 2%, Tetracaine 2%

___ #2 Ketamine* 10%, Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3%, Gabapentin 6%, Tetracaine 2%

___ #3 Ketamine* 10%, Gabapentin 6%, Clonidine 0.2%, Nifedipine 2%

___ #4 Ketamine* 5%, Amitriptyline 2%, Baclofen 5%, Ketoprofen 10%

___ #5 Gabapentin 6%, Baclofen 2%, Lidocaine 5%, Ketoprofen 5%, Clonidine 0.2%, Nifedipine 2%

___ #6 Ketamine* 10%, Gabapentin 6%, Imipramine 3%, Nifedipine 2%, Baclofen 2%. Tetracaine2%

___ Ketamine* 10% (Control-Pain)

___ Diclofenac 3% (Inflammation)

___ Amitriptyline 2% (Neuropathy)

___ Indomethacin 2% (Inflammation)

___ Imipramine 3% (Neuropathy)

___ Ketoprofen 10% (Inflammation)

___ Gabapentin 6% (Neuropathy)

___ Nifedipine 2% (Increase Perfusion)

___ Baclofen 2% (Muscle Relaxant)

___ Verapamil 10% (Increase Perfusion)

___ Cyclobenzaprine 2% (Relaxant)

___ Clonidine 0.2% (Decrease Sensitivity)

___ Lidocaine 5% (Anesthetic)

___ Urea _____ % (Softening)

___ Prilocaine 5% (Anesthetic)

___ Guaifenesin 5% (Muscle Cramps)

___ Benzocaine 10% (Anesthetic)

___ % _____

___ % _____

___ % _____

In Lipoderm®

Directions: Apply ___ grams to affected area(s) up to ___ times daily. (Maximum of ___ grams per day)

Dispense: 60 grams 120 grams 240 grams or _____ grams

Refills: _____ **Signature:** _____

*Please note that Ketamine is C3 and can have a maximum of 5 refills.

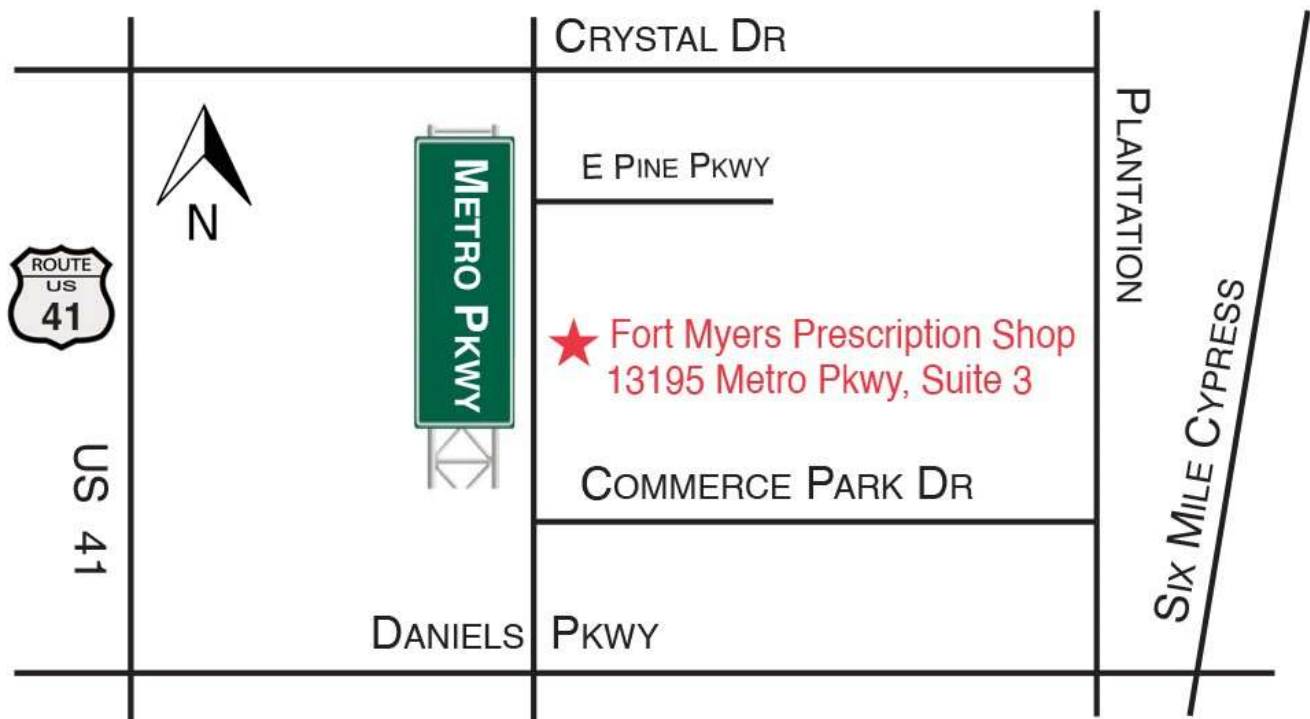
Please bring in or ask your doctor to fax the prescription to

Fort Myers Prescription Shop

13195 Metro Pkwy, suite 3
Fort Myers, FL 33966

Phone: 239-939-0249
Fax: 239-936-2427

Hours: Monday – Friday
8:30 – 1:00 and 2:00 – 5:00



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