

# ORDER FORM FOR TOPICAL CREAM FOR PAIN, ALLERGY, SCAR, AND NAUSEA MEDICATIONS

<b>Patient's Name:</b> _____	<b>Date of Birth:</b> _____
<b>**Patient's Address:</b> _____	<b>Email:</b> _____
<b>**Home Phone Number:</b> _____	<b>**Cell Phone Number:</b> _____
<b>Patient's Allergies:</b> _____	

**Prescription Signature:** \_\_\_\_\_

**Prescriber:** \_\_\_\_\_ **Person Faxing:** \_\_\_\_\_

**DEA:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**\*\* PLEASE FAX COPIES OF BOTH MEDICAL AND PRESCRIPTION CARDS \*\***

**\*\* Required Fields**

I have indicated by number(s) below, in order of preference, the medication(s) I am prescribing. The pharmacy shall dispense my first preference, unless not covered by the patient's insurance, in which case the pharmacy shall proceed in similar manner based on my order of preference. The pharmacy may dispense any drug selected below, regardless of order of preference, based on the patient's choice.

### PAIN CREAM

- P001: **Flurbiprofen 10% - Cyclobenzaprine HCL 1%**
- P002: **Flurbiprofen 10% - Amitriptyline HCL 1% - Gabapentin 6% - Lidocaine HCL 2% - Prilocaine 2% Cream**
- P003: **Flurbiprofen 10% - Cyclobenzaprine 1% - Gabapentin 6% - Lidocaine HCL 2% - Prilocaine 2% Cream**  
**SIG:**  Apply 1-2 gm to affected area externally 2-3 times per day for pain. Rub well  
**SIG:**  Apply 1-2 gm to affected area externally 3-4 times per day for pain: Rub well:  120 gm     180 gm     240 gm
- P004: **Sumatriptan Succinate 5% - Flurbiprofen 5% - Prilocaine HCL 2%**  
**SIG:** Apply up to 1 gm to forehead or temple as needed. Maximum of 4 gm a day

### ALLERGY CREAM

- A001: **Diphenhydramine HCL 2% - Hydrocortisone 1%**
- A002: **Fluticasone Propionate 0.1 % - Levocetirizine Dihydrochloride 2%**  
**SIG:**  Apply 1-2 gm 2 times per day to affected sinus area for allergies.  120 gm

### SCAR CREAM

- S001: **Gabapentin 15% - Lidocaine HCL 3% - Prilocaine HCL 3% Topical Gel (PracaSil-Plus)**
- S002: **Fluticasone Prop. 0.25% - Levocetirizine 2% Topical Gel (PracaSil-Plus)**
- S003: **Gabapentin 15% - Loratadine 2% - Prilocaine HCL 3% Topical Gel (PracaSil-Plus)**  
 **SIG:** Apply 1-3 grams to affected area gently 2 to 3 times per day as directed:  120 gm     180 gm     240 gm

### ANTI-NAUSEA

- N001: **Promethazine 2.5%**  
 **SIG:** Apply 1-2 gm externally 2-3 times per day as needed:  60 gm     100 gm
- Refills:     1     2     3     4     5     6     7     8     9     10     11     1yr
- Other: \_\_\_\_\_

REP ID



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## PATIENT INFORMATION

**You have just been prescribed a compounded medication** - Your physician has prescribed an individualized treatment plan by combining multiple classes of medicine for you. This specialized formula was prescribed just for you by your doctor and formulated in a compounding pharmacy.

A pharmacy representative will contact you within 24 hours of receiving your prescription and all necessary information from your doctor. During the call they will confirm your insurance coverage and your home address since the medication will be shipped to you.

### **Things to have handy when they call:**

Health Insurance Card  
Prescription Drug/Medication Card  
(RX Bin#, RX PCN#, RX ID#, RX Group#)

Once your address & insurance information has been verified, your medication will be shipped to your home for next day delivery!

In the meantime, if you have any questions,  
**PLEASE CALL THE PHARMACY at (877) 241-0264.**

**Cost and Shipping** - Most commercial insurance plans cover the cost of your prescription. Your prescriptions ship FAST and FREE!