PHYSICIANS COMPOUNDING PHARMACY
1900 S. TELEGRAPH RD, STE 102
BLOOMFIELD HILLS, MI 48302

PHONE: 248-758-9100 FAX: 248-758-1831

COMPOUNDED KETOPROFEN PRESCRIPTION BLANK

DATE:_____ PATIENT NAME:_____

ADDRESS:_____

PHONE:_____DOB:_____

RX:

KETOPROFEN _____ 10%
_____ 20%

Sig: Apply to affected area three times a day as directed.

Quantity: _____ 120 gm
_____ 90 gm
_____ 60 gm

Refills: x _____

PHYSICIAN NAME:_____
PHYSICIAN SIGNATURE:_____
OFFICE PHONE:_____
DEA:_____