

PHYSICIANS COMPOUNDING PHARMACY

1900 S. Telegraph Rd, Suite 102
Bloomfield Hills, MI 48302

Phone: 866-758-9100 Fax: 248-758-1831

Compounded Transdermal Pain Prescription

Date: _____ **Patient Name:** _____

Patient Address: _____

Patient Phone: _____ **DOB:** _____

_____ **Peripheral Neuropathy**

- Clonidine 0.2%, gabapentin 6%, ketamine 10%,

_____ **Neuritis**

- Bupivacaine 0.5%, Clonidine 0.2%, gabapentin 6%, ketamine 10%

_____ **Arthritic Pain Initial**

- Ketoprofen 20%

_____ **Arthritic Pain (Resistant)**

- Ketoprofen 20%, piroxicam 2%

_____ **Inflammation – Joint and Tendon Pain**

- Ketoprofen 20%

_____ **Muscle Pain**

- Ketoprofen 10%, Magnesium Chloride 10%

_____ **Fibromyalgia**

- Baclofen 2%, clonidine 0.2%, gabapentin 6%, ketamine 10%
(apply to trigger point)

_____ **Bone Pain**

- Ketoprofen 20%, dexamethasone 2%

_____ **Trigger Points**

- Amitriptyline 2%, baclofen 2%, clonidine 2%, gabapentin 10%, ketoprofen 10%

_____ **Post Herpetic Neuralgia**

- Amitriptyline 2%, deoxy-d-glucose 0.2%, gabapentin 10%, ketoprofen 10%
(apply to dermatome – origin of pain/lesion)

Sig: Apply to _____

Freq: TID or other _____

Qty: 60 g or other _____ **Refill:** 0 – 1 – 2 – 3 – 4 PRN

Physician Signature: _____ **DEA:** _____

Print name: _____ **Phone:** _____