

PHYSICIANS COMPOUNDING PHARMACY

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

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

Patient Name: _____ **Date:** _____

Address: _____

Phone: _____ **DOB:** _____

Compounded Transdermal Script:

	Dose	(Usual Range)
Amitriptyline	_____	(1-3% to max of 150 mg/day)
Bupivacaine	_____	(0.1-0.3%)
Baclofen	_____	(2-5%)
Carbamazepine	_____	(10% to max of 800 mg/day)
Clonidine	_____	(0.1-0.3%)
Dexamethasone	_____	(0.1-2%)
Dextromethorphan	_____	(10%)
Diphenhydramine	_____	(5-10%)
Doxepin	_____	(2%)
Gabapentin	_____	(6-10%)
Guaifenesin	_____	(10%)
Ibuprofen	_____	(10-30%)
Ketamine	_____	(0.5-10%)
Ketoprofen	_____	(5-20%)
Lidocaine	_____	(5-10%)
Magnesium Chloride	_____	(10-20%)
Nifedipine	_____	(2-15%)
Pentoxifylline	_____	(5-10%)
Other	_____	

SIG: _____

Qty: _____ **Refills:** _____

Physician Name: _____

Physician Signature: _____

Office Phone:_____ **DEA Number:**_____