

PATIENT NAME:		
DOB:	TEL:	
ADDRESS:		
CITY:	STATE:	ZIP:

PRESCRIBER NAME:		
NPI:	TEL:	
ADDRESS:		
CITY:	STATE:	ZIP:

ID	Commonly Requested Formulas for Patients with Inflammation/Arthritis	QTY	COST
[] 6420	Diclofenac Sodium 1%, Baclofen 0.2%, Lidocaine 5% Transdermal Cream	60 GM	\$45
[] 8316	Diclofenac Sodium 3%, Baclofen 0.2%, Lidocaine 5% Transdermal Cream	60 GM	\$45
[] 9453	Magnesium Chloride Hexahydrate 10% Topical Lipoderm	60 GM	\$45
[] 4315	Naltrexone HCl 0.5 mg Capsules	30 CAP	\$45
[] *2050	Naltrexone HCl 0.5 mg Capsules <i>Sig: Apply to affected area 3-4 times daily. FOR EXTERNAL USE ONLY</i>	30 CAP	\$45
ID	Commonly Requested Formulas for Patients with Muscle Spasms	QTY	COST
[] 6457	Diclofenac Sodium 1%, Cyclobenzaprine 0.2%, Lidocaine 5% Transdermal	60GM	\$45
[] 9453	Magnesium Chloride Hexahydrate 10% Topical Lipoderm <i>Sig Apply to affected area 3-4 times daily. FOR EXTERNAL USE ONLY</i>	60 GM	\$45
ID	Commonly Requested Formulas for Patients with Neuropathic Pain	QTY	COST
[] 7262	Gabapentin 5%, Amitriptyline 2%, Baclofen 0.2%, Diclofenac Sodium 1%, Lidocaine 5% Transdermal Cream	60GM	\$45
[] 9785	Gabapentin 5%, Amitriptyline 2%, Baclofen 0.2%, Diclofenac Sodium 1%, Acyclovir 5%, Lidocaine 5% Transdermal Cream <i>Sig Apply to affected area 3-4 times daily. FOR EXTERNAL USE ONLY</i>	60GM	\$45
ID	Commonly Requested Formulas for Patients with Plantar Fasciitis	QTY	COST
[] 7262	Gabapentin 5%, Amitriptyline 2%, Baclofen 0.2%, Diclofenac Sodium 1%, Lidocaine 5% Transdermal Cream	60GM	\$45
[] 9785	Gabapentin 5%, Amitriptyline 2%, Baclofen 0.2%, Diclofenac Sodium 1%, Acyclovir, Lidocaine 5% Transdermal Cream	60GM	\$45
[] 9453	Amitriptyline 5%, Gabapentin 5%, Lidocaine 5% Transdermal Cream <i>Sig Apply to affected area 3-4 times daily. FOR EXTERNAL USE ONLY</i>	60GM	\$45
ID	Commonly Requested Formulas for Patients with Migraines	QTY	COST
8086	Lidocaine HCl 4%/ Ketamine 2.5% Nasal Spray	15ml	\$45
[] 4874	Lidocaine HCl 4% Isotonic Nasal Spray <i>SIG: Use 1 spray in each nostril at onset of headache, may repeat in 2 hours if needed. Max 4 sprays per 24 HR</i>	15ML	\$45
[] 9787	Sumatriptan 1%/Cyclobenzaprine 0.2%/Diclofenac 1%, Lidocaine 5% Transdermal cream <i>SIG: Apply to the forehead and temple at onset of headache, may repeat in 2 hours if needed in 24 HR</i>	30GM	\$45
ID	Commonly Requested Formulas for Patients with Allodynia	QTY	COST
[] 4587	Lidocaine 23%, Tetracaine 7% in DMSO Spray	30 ML	\$45
ID	Commonly Requested Formulas for Patients with Radiation Burns	QTY	COST
[] 4221	Misoprostol 0.0024%/Lidocaine HCl 2% Topical Lotion	60ML	\$45
ID	Commonly Requested Formulas for Patients with Vaginal Pain	QTY	COST
[] 4553	Amitriptyline 2%, Gabapentin 6% Vaginal Supp	12	\$45
[] 5219	Baclofen 2%, Lidocaine 5% Vaginal cream	30GM	\$45
ID	Commonly Requested Formulas for Patients with Rectal Spasms	QTY	COST
[] 4220	Baclofen 20mg, Cyclobenzaprine 10mg Rectal Supp	12	\$45

ID	Commonly Requested Formulas for Patients with Amputation Pain	QTY	COST
[] 7262	Gabapentin 5%, Amitriptyline 2%, Baclofen 0.2%, Diclofenac Sodium 1%, Lidocaine 5% Transdermal Cream	60GM	\$45
ID	Commonly Requested Formulas for Patients with Mucositis/Aphthous Ulcer	QTY	COST
[] 9871	Mary's Magic Mouth Wash Sus W/Tetracycline W/O Lidocaine	120ML	\$45
[] 9759	Mary's Magic Mouth Wash Sus W/Tetracycline W/Lidocaine	120ML	\$45

Directions:

Other requested formula:

Other quantity: _____ Refills: 1 2 3 4 5 PRN

SIGNATURE: _____ **DATE** ____/____/____
 Dispense as Written May Substituted

FAX (317) 900-7458 NOBLESVILLE LOW COST PHARMACY . NOBLESVILLE . IN . 46062 . TEL (317) 231-5252 .

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