



Dr. <u>Á</u>	
Address	City/State/Zip
Phone	Fax
DEA #	NPI #

FAX TO: (888) 685-9219

MUST INCLUDE FRONT AND BACK OF PATIENT'S INSURANCE CARD AND PATIENT DEMOGRAPHIC SHEET

Patient Information

First Name	Last Name	Middle Initial	Date of Birth
Address	City	State	Zip
Phone	Alt. Phone	Last 4-digits of SS #	

Condition	Diagnosis		ICD-9 Code(s)			
Allergies	<input type="checkbox"/> Aspirin/NSAIDs	<input type="checkbox"/> Codeine	<input type="checkbox"/> Macrolides	<input type="checkbox"/> Penicillin	Other (please specify):	
	<input type="checkbox"/> Quinolone	<input type="checkbox"/> Cephalosporin	<input type="checkbox"/> Sulfa	<input type="checkbox"/> Tetracycline		
Prescription Insurance	Carrier Name		Member ID #		Rx Group #	
	Rx Bin #		PCN #		Carrier Phone #	
Payment Type	<input type="checkbox"/> Medicare + Supplemental Insurance	<input type="checkbox"/> Third Party Insurance	<input type="checkbox"/> HMO/PPO	<input type="checkbox"/> Worker's Comp	<input type="checkbox"/> Personal Injury/Auto/PIP	<input type="checkbox"/> Cash

PLEASE INCLUDE DEMOGRAPHICS AND COPY OF INSURANCE WITH THIS FORM

1	FTCCB	<input type="checkbox"/> Flurbiprofen 20%, Tramadol 5%, Clonidine 0.2%, Cyclobenzaprine 4%, Bupivacaine 1%	Refill 1 2 3 4 5 6 Other__PRN__
2	FGNPLC	<input type="checkbox"/> Flurbiprofen 10%, Gabapentin 6%, Nifedipine 7%, Pentoxifylline 5%, Lidocaine 3%, Clonidine 0.2%	Refill 1 2 3 4 5 6 Other__PRN__

ENTER QUANTITY

☐ 120 GM (ONE HUNDRED TWENTY GRAMS) ☐ 240 G (TWO HUNDRED FORTY GRAMS) ☐ 360 GM (THREE HUNDRED SIXTY GRAMS)

Patient Instructions: Apply 1-3 Grams to affected area 3-4 times daily

Alternate Instructions

Other Changes

MUST INCLUDE FRONT AND BACK OF PATIENT'S INSURANCE CARD AND PATIENT DEMOGRAPHIC SHEET WHEN FAXING INITIAL PRESCRIPTION

Prescriber's Signature _____ **Date** _____

All compound topical creams are prepared in accordance with State and Federal regulations governing compounds. Compounds are available by prescription only. The FDA does not approve compounds to cure, treat, or mitigate disease.

Legal Note: This fax transmission contains information belonging to the sender, which is legally confidential and privileged. This information is intended only for the recipient named above. If you are not the intended recipient you are hereby notified that any disclosure, copying, distribution, or taking any action in reliance on the contents of this faxed information is strictly prohibited.



We want to thank you for allowing us to introduce our innovative topical creams, offering a safe, effective alternative for the healthy management of acute and chronic pain conditions. As a physician that prescribes pain medication, you surely understand the challenges and risks as well as the scrutiny associated with treating chronic and acute pain conditions. Traditional treatment has a central focus on oral and injectable narcotics, these mainstay treatments have benefits, yet yield many unwanted side effects and the potential for abuse and addiction. All of our formulations contain a combination of FDA approved ingredients, compounded into a topical cream. Due to the route of administration, these medications have less systematic absorption, resulting in a reduction of typical side effects.

Why Choose Topical CREAMS:

Topical creams give prescribers the opportunity to treat patient's right at the site of their pain providing high local concentrations resulting in a greater analgesic effect. All the while eliminating possible side effects associated with traditional oral and injected medications.

- Superior therapeutic outcomes through locally enhanced topical delivery
- Improved patient compliance
- Fewer overall side effects than typically found with oral medication
- Reduced risk of dependency/abuse
- Concentration of therapeutic levels of medication in tissues while maintaining low serum concentration
- Reduced systemic toxicity
- Avoidance of first-pass metabolism and GI upsets
- Decreased risk of drug-to-drug interactions

Completed Script Requirements:

Diagnosis – Select the diagnosis and fill in the ICD-- - 9 code.

Allergies - Select any allergies if applicable.

Formula - Select an appropriate formula.

Quantity - Select an appropriate quantity.

Refill - Circle the number of refills.

Signature & Date

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT AN AGENT AT THE PHONE NUMBER LISTED BELOW.

Phone : 954.883.9341

FAX : 888.972.1143