

Patient Name: _____ DOB: _____ Date Written: _____
 Address: _____ Phone: _____
 City: _____ State: _____ Zip: _____
 Allergies: _____

Please complete the above demographics or send in a face sheet. INCLUDE CHART NOTES to document condition & previous failed therapy.

Circle a formula option Directions are similar for all formulas under the same title

TMJ

(Circle a formula option/Quantity)

- 1. Ketoprofen 10%, Cyclobenzaprine 2%, Magnesium 10%
- 2. Ketoprofen 5%/Cyclobenzaprine HCl 0.5%/Lidocaine HCl 5%/Bupivacaine HCl 1% Topical Lipoderm®

Quantity: 50 - 100 GM. Refills _____

SIG (for either formula): Apply on affected area topically 3-4 times daily, rub in well for 2 min

PAIN/ INFLAMMATION/LOWER BACK

(Circle a formula option/Quantity)

- 1. Ketoprofen 10% Topical Lipoderm®
- 2. Ibuprofen 20% Topical Lipoderm®
- 3. Ketoprofen 10%/Cyclobenzaprine HCl 2% Topical Lipoderm®
- 4. Diclofenac Sodium 10% Topical Lipoderm® ActiveMax™

Quantity: 50 - 100 GM. Refills _____

SIG: (for circled formula): Apply topically on affected area 3-4 times daily, rub in well for 2 minutes

NEUROPATHIC PAIN

(Circle a formula option)

- 1. Ketamine HCl 5%/Gabapentin 10%/Clonidine HCl 0.2%/Baclofen 2% Topical Lipoderm®
- 2. Ketamine HCl 10%/Baclofen 2%/Cyclobenzaprine HCl 2%/Gabapentin 6%/Lidocaine 5% Topical Lipoderm® ActiveMax™
- 3. HCl 2%/Baclofen 2% Topical Lipoderm® ActiveMax™
- 4. Flurbiprofen 10%/Cyclobenzaprine HCl 1%/Gabapentin 6%/Lidocaine 2%/Prilocaine HCl 2% Topical Lipoderm®
- 5. Diclofenac Sodium 5%/Gabapentin 5%/Amitriptyline HCl 2% Topical Lipoderm® ActiveMax™

Quantity: 50 - 100 GM. Refills _____

SIG: (for circled formula): Apply topically on affected area 3-4 times daily, rub in well for 2 minutes

LDN FOR AUTOIMMUNE , FIBROMIALGIA, CHRONIC PAIN

LDN stands for Low Dose Naltrexone (Ask about LDN book, can be ordered from here: <https://www.welltopiarx.com/product/uncategorized/the-ldn-book-2/>)

INITIAL TITRATION:

Naltrexone 1.5 mg capsules #63

SIG: Take 1 capsule (1.5 mg) by mouth at bedtime for 7 days, Then 2 capsules (3.0 mg) at bedtime for 7 days, Then 3 capsules (4.5 mg) at bedtime thereafter

CONTINUED TITRATION:

Naltrexone 1.5 mg capsules QTY: #90 Refills:

SIG: Continue titrating dose as directed to achieve therapeutic response

MAINTENANCE DOSE:

Naltrexone _____ Mg capsules

QTY: _____ Refills: _____

FORMILAS FOR MIGRAINE

- 1. Lidocaine HCl 4%/Ketamine 2.5% Buffered Nasal Spray
SIG: Apply one spray in each nostril as needed. #12 ml, Refills: _____
- 2. Lidocaine HCl 4% Isotonic Nasal Spray
SIG: Apply one spray in each nostril as needed. #12 ml, Refills: _____
- 3. Riboflavin 200 Mg/Caffeine 30 Mg/Ketoprofen 12.5 Mg Capsules Size #1
SIG: take one capsules as needed for migraines. #30 caps, Refills_____

MUSCLE SPASMS/LEGS CRAMPS -TOPICAL LIPODERMAL®

(Circle a formula option)

- 1. Guaifenesin 10% Topical Lipoderm®
- 2. Guaifenesin 10%/Magnesium Sulfate Heptahydrate 10%
- 3. Flurbiprofen 10%/Baclofen 2%/Cyclobenzaprine HCl 2%/Tetracaine 2% Topical Lipoderm
- 4. Ketoprofen 10%/Cyclobenzaprine HCl 2%
- 5. Ketoprofen 5%/Cyclobenzaprine HCl 0.5%/Lidocaine HCl 5%/Bupivacaine HCl 1%
- 6. Ketoprofen 10%/Cyclobenzaprine HCl 2% Topical Lipoderm®
- 7. Magnesium Chloride 10%/Peppermint 1% Topical Cream
- 8. Magnesium Chloride Hexahydrate 10% Topical Lipoderm®

Quantity: 50 - 100 GM. Refills _____

SIG: (for circled formula): Apply topically on affected area 3-4 times daily, rub in well for 2 minutes

LDN FOR PATIENTS WITH PAIN AND/OR NEUROPATHY

- 1. Naltrexone HCl 1%/Magnesium Chloride Hexahydrate 10% Topical Gel (Perme8® Anhydrous)
- 2. Naltrexone HCl 1%/Gabapentin 6% Topical Gel (PemE8® Anhydrous)
- 3. Naltrexone HCl 3%/Magnesium Chloride Hexahydrate Naltrexone HCl 1% Topical Lipoderm®.
- 4. Naltrexone HCl 1%/Magnesium Chloride 10%/Cetyl Myristoleate 2% Topical Lipoderm ActiveMax®.
- 5. Naltrexone HCl 1% Topical Anhydrous Lipoderm®

Quantity: 50 - 100 GM. Refills _____

SIG: (for circled formula): Apply topically on affected area 3-4 times daily, rub in well for 2 minutes

PATIENT NEEDS PAIN MEDS/CAN NOT TAKE PILLS/CAPSULES

(Circle a formula option)

- 1. Ibuprofen 400 Mg/5 mL Oral Suspension (SuspendIt™)
- 2. Ibuprofen 400 Mg Base MBK Suppository (Pink Mold)
- 3. Ibuprofen 600 Mg Base MBK Suppository (Large Shell Mold)
- 4. Ibuprofen 800 Mg Base MBK Suppository (Large Shell Mold)
- 5. Ibuprofen 800 Mg/5 mL Oral Suspension

SIG: take 5 ml every 8 hours as needed.

Please hand write and fax in Control Drug hard copy, or E-scribe RX. Pharmacy will pick up hard copy, or clinic may mail it in.

PRESCRIBER SIGNATURE: _____

Substitution Permissible

PROVIDER NAME: _____

DATE: _____