

# TOPICAL PAIN RELIEF

Prescriber:			Patient:			DOB:								
Address:						Phone:			Sex:					
City:			State:			Zip:			Address:					
Phone:				Fax:				City:			State:		Zip:	
DEA:			NPI:			Email:								
Allergies:														

## PAIN CREAM | TOPICAL PAIN RELIEF

COMPOUND	QUANTITY	DOSING AND REGIMEN	REFILLS
<input type="checkbox"/> <b>COMBINATION</b> CYCLOBENZAPRINE/ DICLOFENAC/GABAPENTIN/ LIDOCAINE (2%/13%/4%/2%)	<input type="checkbox"/> 60 GRAMS	<input type="checkbox"/> APPLY 1.0-2.0 ML (1 - 2 PUMPS) TOPICALLY TO AFFECTED AREA 3-4 TIMES DAILY AS NEEDED FOR PAIN	0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/>
<input type="checkbox"/> <b>NEUROPATHIC</b> AMANTADINE/ CYCLOBENZAPRINE/DICLOFENAC/ GABAPENTIN/LIDOCAINE (4%/2%/13%/4%/2%)		<b>ALTERNATE SIG:</b>	
<input type="checkbox"/> <b>ANTI-INFLAMMATORY</b> CYCLOBENZAPRINE/ KETOPROFEN/LIDOCAINE (2%/10%/1%)	<input type="checkbox"/> 120 GRAMS	_____	

Comments:

**PRESCRIBER:**

Signature: \_\_\_\_\_

Date: