

Please **fax** completed form to **(800) 537-5193** or call (800) 518-9831
31035 Schoolcraft Rd • Livonia, Michigan 48150 • vioscompounding.com

PATIENT INFORMATION		PLEASE FAX WITH PATIENT DEMOGRAPHIC SHEET & RX INSURANCE CARD			
NAME		ALLERGIES			
DATE OF BIRTH	PHONE				
ADDRESS	CITY	STATE	ZIP		

	MEDICATION / CONCENTRATION	SUPPLIED	SIG	REFILLS
NEUROPATHIC	Gabapentin 5%, Amitriptyline 3%, Clonidine 0.2%, Lidocaine 5%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
	Gabapentin 5%, Amitriptyline 3%, Clonidine 0.2%, Lidocaine 5%, Ketamine 10%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
ANTI-INFLAMMATORY	Diclofenac 3%, Baclofen 2%, Lidocaine 5%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
	Diclofenac 3%, Baclofen 2%, Lidocaine 5%, Ketamine 5%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
	Ketoprofen 15%, Lidocaine 10%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
	Diclofenac 3%, Baclofen 2%, Magnesium Chloride 2%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
	Tetracaine 10%, Prilocaine 10%, Lidocaine 20%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
	Ketamine 10%, Gabapentin 5%, Amitriptyline 3%, Clonidine 0.2%, Lidocaine 20%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
	Diclofenac 6%, Baclofen 2%, Lidocaine 5%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None

Additional Directions

PRESCRIBER INFORMATION			
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	MEDICATION / CONCENTRATION	SUPPLIED	SIG	REFILLS
NEUROPATHIC/ANTI-INFLAMMATORY	Diclofenac 4%, Lidocaine 5%, Gabapentin 5%, Pentoxifylline 3%, Clonidine 0.2%, Amitriptyline 3%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
	Diclofenac 3%, Lidocaine 2%, Gabapentin 5%, Amitriptyline 2%, Clonidine 0.2%, Amantadine 8%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
	Diclofenac 3%, Lidocaine 2%, Gabapentin 5%, Amitriptyline 2%, Clonidine 0.2%, Ketamine 10%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
	Ketamine 5%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, Ketoprofen 10%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
	Diclofenac 5%, Baclofen 2%, Bupivacaine 2%, Cyclobenzaprine 2%, Gabapentin 6%, Ibuprofen 5%, Ketamine 10%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
FIBROMATOSIS	Verapamil 15%, Diclofenac 3%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
	Verapamil 10%, Diclofenac 3%, Lidocaine 5%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
IONTOPHORETIC PATCH	4 mg/mL Dexamethasone for injection (2 x 5 ml vials) PLUS 6 Patches (select 1 below) <input type="radio"/> 4 hr STAT (80 mA-min) PATCH <input type="radio"/> 14 hr 80 (80 mA-min) PATCH <i>Ideal Location - Feet, Elbows, Knees, Wrists, Shoulders</i> <input type="radio"/> ADD Adapta-cap Syringe 1-unit		<input type="radio"/> Apply per instructions every other day for prescribed amount of time. <input type="radio"/> Other _____	<input type="radio"/> _____ <input type="radio"/> None

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SCAR	ScarAway - Fluticasone 1%, Hyaluronic 1%, Pentoxifylline 3%, Salicylic Acid 3%, Tretinoin 0.05%, Verapamil 6%	<input type="radio"/> 15 gm <input type="radio"/> 30 gm <input type="radio"/> 45 gm	Apply to affected scar once daily.	<input type="radio"/> _____ <input type="radio"/> None
	ScarFade - Fluticasone 1%, Hyaluronic 1%, Hydroquinone 5%, Pentoxifylline 3%, Salicylic Acid 3%, Verapamil 6%	<input type="radio"/> 15 gm <input type="radio"/> 30 gm <input type="radio"/> 45 gm	Apply to affected scar once daily.	<input type="radio"/> _____ <input type="radio"/> None
	SurgiScar - Bupivacaine 0.1%, Fluticasone 1%, Mupirocin 4%, Phenytoin 2%, Verapamil 6%	<input type="radio"/> 15 gm <input type="radio"/> 30 gm <input type="radio"/> 45 gm	Apply to affected scar once daily.	<input type="radio"/> _____ <input type="radio"/> None
	Scar S1 - Fluticasone Propionate 0.05%, Hyaluronic Acid 0.5%, Lidocaine 5%, Pentoxifylline 0.5%, Verapamil 5%	<input type="radio"/> 15 gm <input type="radio"/> 30 gm <input type="radio"/> 45 gm	Apply to affected scar once daily.	<input type="radio"/> _____ <input type="radio"/> None
	Scar S2 - Fluocinolone 0.01%, Hydroquinone 4%, Kojic Acid 6%, Lipoic Acid 3%, Tretinoin 0.05%	<input type="radio"/> 15 gm <input type="radio"/> 30 gm <input type="radio"/> 45 gm	Apply to affected scar once daily.	<input type="radio"/> _____ <input type="radio"/> None
WART	Wartex 1 - Cimetidine 6%, Ibuprofen 2%, Podophyllum 20%, Salicylic Acid 40%, Tea Tree Oil 5%	<input type="radio"/> 20 gm <input type="radio"/> 50 gm <input type="radio"/> 100 gm	Apply nightly with Q-Tip, wash off thoroughly in morning.	<input type="radio"/> _____ <input type="radio"/> None
	Wartex 2 - Cimetidine 6%, Ibuprofen 2%, Podophyllum 10%, Salicylic Acid 40%, Tea Tree Oil 5%	<input type="radio"/> 20 gm <input type="radio"/> 50 gm <input type="radio"/> 100 gm	Apply nightly with Q-Tip, wash off thoroughly in morning.	<input type="radio"/> _____ <input type="radio"/> None
	Wart Solution - Cimetidine 5%, 5-Fluorouracil 5%, Salicylic Acid 10%, Ibuprofen 10% in Collodion Solution	<input type="radio"/> 15 mls <input type="radio"/> 30 mls	Apply to affected area and cover with bandage twice daily.	<input type="radio"/> _____ <input type="radio"/> None

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CIRCULATION/RAYNAUD'S/DIABETIC TOES Nifedipine 8%, Pentoxifylline 8%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply 1 to 2 grams 3 to 4 times daily as directed.	<input type="radio"/> _____ <input type="radio"/> None
Nifedipine 16%	<input type="radio"/> 100 gm <input type="radio"/> 240 gm <input type="radio"/> 360 gm	Apply small amount to affected area once daily.	<input type="radio"/> _____ <input type="radio"/> None
ROUGH DRY FEET Urea 40%, Lactic Acid 10%	<input type="radio"/> 60 gm <input type="radio"/> 90 gm <input type="radio"/> 120 gm	Apply to affected area 1 to 3 times daily.	<input type="radio"/> _____ <input type="radio"/> None
HYPERHIDROSIS Glycopyrrolate 1%, Zinc Oxide 5%, Aluminum Chloride 12%	<input type="radio"/> 30 gm <input type="radio"/> 60 gm <input type="radio"/> 90 gm	Apply once daily or as directed by physician.	<input type="radio"/> _____ <input type="radio"/> None
NAIL ANTI-FUNGAL IN RECURA CREAM Fluconazole 10% in Recura Cream	<input type="radio"/> 30 gm <input type="radio"/> 60 gm <input type="radio"/> 90 gm	Apply once daily.	<input type="radio"/> _____ <input type="radio"/> None
Amphotericin B 3%, Terbinafine 1%, Urea 20%, Thymol 4% in Recura Cream	<input type="radio"/> 30 gm <input type="radio"/> 60 gm <input type="radio"/> 90 gm	Apply once daily to affected areas.	<input type="radio"/> _____ <input type="radio"/> None

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