

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

Additional Directions

PRESCRIBER INFORMATION			
PRESCRIBER NAME (PLEASE PRINT)	SIGNATURE	DATE	OFFICE CONTACT
NPI#	DEA#	PHONE	FAX
ADDRESS	CITY	STATE	ZIP

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

Additional Directions

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PRESCRIBER'S CHOICE

INCLUDE % STRENGTH OF 360GRAMS			
Diclofenac	_____ %	Baclofen	_____ %
Flurbiprofen	_____ %	Cyclobenzaprine	_____ %
Ibuprofen	_____ %	Gabapentin	_____ %
Ketoprofen	_____ %	Amitriptyline	_____ %
Meloxicam	_____ %	Carbamazepine	_____ %
Benzocaine	_____ %	Imipramine	_____ %
Bupivacaine	_____ %	Acyclovir	_____ %
Lidocaine	_____ %		_____ %
Prilocaine	_____ %		_____ %
Tetracaine	_____ %		_____ %

MUST WRITE IN KETAMINE AND TRAMADOL

QUANTITY: 90gm 130gm 260gm 360gm _____ gm

REFILLS: PRN 1 2 3 4 5 _____

Typical SIG: Apply 1 - 2 GRAMS to affected area 4 - 6 times daily (max 12 grams daily)

All Ingredients to be compounded in transdermal cream base vehicle

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