AdvancedRx
Optimizing Provider Care™

PAIN/ORTHO COMPOUNDS

FAX TO: 615-866-6293

PATIENT INFO	PROVIDER INFO
Patient Name: _____	Provider Name: _____
Patient Phone #: _____	Practice Phone #: _____
Patient Address: _____	Practice Address: _____
City: _____ State: _____	City:_____ State: _____
Zip: _____ DOB: _____	Zip:_____ NPI#:_____
ALLERGIES* : _____	

PLEASE INCLUDE COPY OF PATIENT DEMOGRAPHICS WITH THIS FORM

COMBINATION ANTI-INFLAMMATORY/PAIN			REFILL
☐ Dicolfenac 5% Cream	☐120g	Apply to AA	☐ #____
☐ Dicolfenac 3%, Lidocaine 5% Cream	☐120g	Apply to AA	☐ #____
☐ Diclofenac 5%, Gabapentin 6%, Baclofen 2%, Bupivicaine 1%, Clonidine 0.2% Cream	☐240g	Apply to AA	☐ #____
☐ Diclofenac 5%, Cyclobenzaprine 4%, Lidocaine 5% Cream	☐120g	Apply to AA	☐ #____
☐ Ketamine 10%, Ketoprofen 10%, Baclofen 2%, Cyclobenzaprine 8%, Lidocaine 6% Cream	☐120g	Apply to AA	☐ #____
☐ Ketamine 10%, Gabapentin 6%, Diclofenac 5%, Bupivicaine 1%, Clonidine 0.2% Cream	☐240g	Apply to AA	☐ #____
NEUROPATHIC PAIN			**REFILL**
☐ Lidocaine 10% Cream	☐120g	Apply to AA	☐ #____
☐ Ketamine 10%, Gabapentin 6%, Amitriptyline 2%, Baclofen 2%, Bupivicaine 1% Cream	☐240g	Apply to AA	☐ #____
☐ Ketamine 10%, Gabapentin 6%, Amitriptyline 4%, Baclofen 2%, Bupivicaine 2%, Clonidine 0.2%, Nifedipine 2% Cream	☐240g	Apply to AA	☐ #____
☐ Gabapentin 6%, Amitriptyline 2%, Baclofen 2%, Bupivicaine 1% Cream	☐120g	Apply to AA	☐ #____
SCAR THERAPY			**REFILL**
☐ BethamethasoneDP 0.05%, Diphenhydramine 2%, Tranilast 2%, Caffeine 1%, Pentoxifylline 2% (in Scilicone base) Cream	☐120g	Apply to AA	☐ #____
OTHER			**REFILL**
☐ Verapamil 15% Cream	☐120g	Apply to AA	☐ #____
☐ Lidocaine 23%, Tetracaine 7%, Prilocaine 2% (Plasticized base) _____Cream or _____Gel	☐___g	Apply to AA	☐ #____
☐ Benzocaine 20%, Lidocaine 8%, Tetracaine 8% Cream	☐___g	Apply to AA	☐ #____
☐	☐___g	Apply to AA	☐ #____

Provider's Signature: _____ **Date:** _____