

**ORDER FORM FOR PODIATRY MEDICATIONS**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 \*\*Patient's Address: \_\_\_\_\_ Email: \_\_\_\_\_  
 \*\*Home Phone Number: \_\_\_\_\_ \*\*Cell Phone Number: \_\_\_\_\_  
 Patient's Allergies: \_\_\_\_\_

Prescription Signature: \_\_\_\_\_  
 Prescriber: \_\_\_\_\_ Person Faxing: \_\_\_\_\_  
 DEA: \_\_\_\_\_ NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*PLEASE FAX COPIES OF BOTH MEDICAL AND PRESCRIPTION CARDS\*\***

\*\*Required Fields

I have indicated by number(s) below, in order of preference, the medication(s) I am prescribing. The pharmacy shall dispense my first preference, unless not covered by the patient's insurance, in which case the pharmacy shall proceed in similar manner based on my order of preference. The pharmacy may dispense any drug selected below, regardless of order of preference, based on the patient's choice.

**MUSCULOSKELETAL PAIN/INFLAMMATION**

- MP001: Flurbiprofen 20% - Baclofen 1% - Cyclobenzaprine HCL 1% Prilocaine HCL 2% - Lidocaine HCL 2%

**NEUROPATHIC PAIN**

- NPR001: Flurbiprofen 10% - Gabapentin 6% - Ketamine HCL 10% - Cyclobenzaprine HCL 1% - Prilocaine HCL 2%
- NPR002: Ketamine HCL 10% - Baclofen 1% - Gabapentin 6% - Imipramine HCL 2% - Nifedipine 2% - Prilocaine HCL 2%

**ANTI-INFLAMMATORY**

- AI001: Nabumetone 15% - Magnesium sulfate 5% - Prilocaine HCL 2%

- AI002: Flurbiprofen 20%

SIG: Apply 1-2 gm, externally to affected area 2-3 times per day.  
 Rub well

Quantity to Dispense: 180 gm 240 gm

Other: \_\_\_\_\_

**SCAR GEL**

- S001: Painful - Gabapentin 15% - Lidocaine HCL 3% - Prilocaine HCL 3%

- S002: Post Surgical - Tranilast 1% - Pentoxifylline 1% - Nifedipine 2% Levocetirizine Dihydrochloride 2% - Caffeine 0.5%

- S003: Keloids - Fluticasone propionate 0.5% - Tranilast 1% - Levocetirizine Dihydrochloride 2%

SIG: Apply 1-3 gm, gently to affected area 2-3 times per day.  
 Rub well

Quantity to Dispense: 180 gm 240 gm

Refills: 1 2 3 4 5 1yr

Other: \_\_\_\_\_

**ANTI-NAUSEA**

- AN001: Promethazine HCL 2.5%

SIG: Apply 1-2 grams every 4-6 hours externally as needed for nausea.

Quantity to Dispense: 60 gm 100 gm

Refills: 1 2 3 4 5 1yr

Other: \_\_\_\_\_

**WART CREAMS**

- WC001: Adult - Flurbiprofen 5% - Salicylic Acid 30% - Deoxy-D-Glucose 0.2% Occlusive Cream

- WC002: Children - Cimetidine 10% - Tea Tree Oil 5% - EGCg 1% - Deoxy-D-Glucose 0.2% Cream

SIG: Apply up to 1 gm, once every 24 hours and cover with tape. After blister forms remove excess skin and repeat in one week.

Quantity to Dispense: 30 ml

Refills: 1 2 3 4 5 1yr

Other: \_\_\_\_\_

**DERMATOLOGICAL CREAMS**

- DC001: Fungal Nail Polish - Itraconazole 3% - Terbinafine 3% - Mometasone 0.2% DMSO Nail Polish (30ml bottle)

- DC002: Chronic Tinea/Dry Skin - Urea 40% - Mupirocin 5% - Itraconazole 5% Fluticasone - Propionate 0.25% (90 grams)

- DC003: Rough/Dry Skin - Urea 45% - Lactic Acid 10% (90 grams)

SIG: Apply 1 to 2 gm, to affected area twice per day.

Refills: 1 2 3 4 5 1yr

Other: \_\_\_\_\_

**MISC. COMPOUNDS**

- MIS001: Circulation - L-arginine 10% - Pentoxifylline 5% - Papaverine 5% - Niacinamide 5% - Nifedipine 2% Topical Cream

- MIS002: Foot/Leg Cream - Guaifenesin 10% - Cyclobenzaprine HCL 2% - Magnesium Sulfate 10% Topical Cream

SIG: Apply 2 gm, to each foot 3 times daily.

Quantity to Dispense: 180 gm 240 gm

Refills: 1 2 3 4 5 1yr

Other: \_\_\_\_\_

I AUTHORIZE THE PHARMACIST AND/OR PHARMACY STAFF TO ACT AS MY AGENT TO ACQUIRE A PRIOR AUTHORIZATION ON THIS PRESCRIPTION

REP ID

\_\_\_\_\_