

ORDER FORM FOR ONCOLOGY PATIENTS

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.

NEUROPATHIC PAIN (TOPICAL FORMULATION)

ACUTE

- A001: Ketamine HCL 10% - Baclofen 2% - Diclofenac sodium 2% - Gabapentin 6% - Amitriptyline HCL 2% - Tetracaine HCL 2%

CHRONIC

- C001: Ketamine HCL 5% - Baclofen 2% - Gabapentin 6% - Amitriptyline HCL 2% - Nifedipine 2% - Tetracaine HCL 1%
- C002: Ketamine HCL 5% - Gabapentin 6% - Orphenadrine citrate 5% - Pentoxifylline 5% - Tetracaine HCL 1%

ORAL PAIN/MUCOSITIS

- OM001: Misoprostol 0.0024% - Diphenhydramine HCL 0.1% - Compound Oral Rinse
(Often referred to as radiation burn mouth rinse.)
- OM002: Morphine Sulfate 1 mg/mL Oral Gel
- OM003: Tetracaine HCL 0.5% Sorbitol Lollipop™ Base
- OM004: Diphenhydramine HCL 25 mg - Lidocaine HCL 2% - Hydrocortisone 1% Sorbitol Lollipop
- OM005: Glutamine Mouthwash 2 Gm/5 mL
- OM006: Glutamine 250 mg Polyglycol Troche™ Base Lollipop
- OM007: Lidocaine HCL 2% - Prilocaine HCL 2% Oral Mucousal bandage
- OM008: Misoprostol 0.0024% - Lidocaine HCL 1% Oral Suspension
- OM009: Ketamine 50 mg Sorbitol Lollipop

ORAL THRUSH

- OT001: Clotrimazole 80 mg - Lidocaine HCL 0.5% Sorbitol Lollipop™ Base
- OT002: Amphotericin 100 mg Gelatin Troche
- OT003: Amphotericin B 500 mg Sorbitol Lollipop™ Base
- OT004: Nystatin 300,000 U/Gm - Prilocaine HCL 1% Oral Mucosal Bandage

ALLODYNIA

- OT001: Clotrimazole 80 mg - Lidocaine HCL 0.5% Sorbitol Lollipop™ Base
- OT002: Amphotericin 100 mg Gelatin Troche
- OT003: Amphotericin B 500 mg Sorbitol Lollipop™ Base
- OT004: Nystatin 300,000 U/Gm - Prilocaine HCL 1% Oral Mucosal Bandage

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

REP ID