Fax: (913) 273-1468 KARE COMPOUNDING pharmacy **Toll-Free: 1800-746-9120**

ORDER FORM FOR TOPICAL CREAM FOR PAIN, ALLERGY, SCAR AND NASEAUA

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 PRESCRIPATION 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.

PAIN CREAM

- ❑ P001: **Flurbiprofen 10% - Cyclobenzaprine HCL 1%**
- ❑ P002: **Flurbiprofen 10% - Amitriptyline HCL 1% - Gabapentin 6% - Lidocaine HCL 2% - Prilocaine 2% Cream**
- ❑ P003: **Flurbiprofen 10% - Cylcobenzaprine 1% - Gabapentin 6% - Lidocaine HCL 2% - Prilocaine 2% Cream**
  - SIG: ❑ Apply 1-2 gm to affected area axternally 2-3 times per day for pain. Rub well
  - SIG: ❑ Apply 1-2 gm to affected area axternally 2-3 times per day for pain. Rub well: **❑120 gm ❑180 gm ❑240 gm**
- ❑ P004: **Sumatriptan Succinate 5% - Flurbiprofen 5% - Prilocaine HCL 2%**
  - SIG: ❑ Apply up to 1 gm to forehead or temple as needed. Maximum of 4 gm a day

ALLERGY CREAM

- ❑ A001: **Diphenhydramine HCL 2% - Hydrocortisone 1%**
- ❑ A002: **Fluticasone Propionate 0.1% - Levocetirizine Dihydrochloride 2%**
  - SIG: ❑ Apply 1-2 gm 2 times per day to affected sinus area for allergies. ❑120 gm

SCAR CREAM

- ❑ S001: **Gabapentin 15% - Lidocaine HCL 3% - Prilocaine HCL 3% Topical Gel (PracaSil-Plus)**
- ❑ S002: **Fluticasone Prop. 0.25% - Levocetirizine 2% Topical Gel (PracaSil-Plus)**
- ❑ S003: Gabapentin 15% - Lidocaine 2% - Prilocaine HCL 3% Topical Gel (PracaSil-Plus)
  - SIG: ❑ Apply 1-3 grams to affected area gently 2 to 3 times per ady as directed: **❑120 gm ❑180 gm ❑240 gm**

ANTI-NAUSEA

- ❑ N001: **Promethazine 2.5%**
  - SIG: ❑ Apply 1-2 gm externally 2-3 times per day as needed: **❑60 gm ❑100 gm**

Refills: ❑ ❑2 ❑3 ❑4 ❑5 ❑6 ❑7 ❑8 ❑9 ❑10 ❑11 ❑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 _____