

Patient Name:		DOB:
Phone:	Cell:	
Address:		
City:	State:	Zip:
Allergies: <input type="checkbox"/> Y <input type="checkbox"/> N		

CHRONIC PAIN

Topical Lipoderm®

- PCCA Formula #10288**
Lidocaine 2%/Diclofenac Sodium 3%/
Cyclobenzaprine HCl 2%/Baclofen 2% Topical
Lipoderm® ActiveMax™
- PCCA Formula #9379**
Baclofen 2%/Ketoprofen 10%/Lidocaine 5%/
Gabapentin 5% Topical Lipoderm®
- PCCA Formula #8541**
Ketamine _____%/Gabapentin 6%/Clonidine
0.2%/ Nifedipine 2% Topical Lipoderm®
- PCCA Formula #9379**
Baclofen 2%/Ketoprofen 10%/Lidocaine 5%/
Gabapentin 5% Topical Lipoderm®
- PCCA Formula #9445**
Benzocaine 20%/Lidocaine 6%/Tetracaine 4%
Topical Lipoderm® (FormulaPlus™ BUD Study)

Low Dose Naltrexone

- PCCA Formula #10805**
Naltrexone HCl 0.5 mg Capsules Size #1 (LoxOral™)
- PCCA Formula #10804**
Naltrexone HCl 0.5 mg Capsules Size #3 (LoxOral™)
- PCCA Formula #10803**
Naltrexone HCl 4 mg Capsules Size #3 (LoxOral™)
- PCCA Formula #12584**
Naltrexone HCl 4.5 mg Capsules Size #3 (LoxOral®)

Other

- PCCA Formula #5380**
Tetracaine HCl 0.5% Sorbitol Lollipop™ Base

Other Topical Formulas

- PCCA Formula #12073**
Benzocaine 10%/Lidocaine 5%/Tetracaine 2%
Topical Cream (VersaBase®)

Other Preparation and Strength

Need something else? Contact one of our compounding pharmacists at 801-561-2287.

Sig:	
Qty:	

Prescriber:	Phone:
Signature:	Date:
Prescriber Address:	