



Theresa Mahood RPh #48103

Compounding Pharmacist, Pharmacy Manager and Owner

T: (204) 306-4445

F: (833) 536-1732

Patient Name:	Phone:
DOB:	Address:
PHIN:	Date:

Create a Custom Combination (Maximum capacity for combined drugs = 30%)		
<u>NSAIDS:</u> <input type="checkbox"/> ____ Diclofenac (5-12%) <input type="checkbox"/> ____ Ketoprofen (5-10%) <input type="checkbox"/> ____ Ibuprofen (5-10%)	<u>MUSCLE RELAXANTS:</u> <input type="checkbox"/> ____ Cyclobenzaprine (2-5%) <input type="checkbox"/> ____ Baclofen (2-5%) <input type="checkbox"/> ____ Lavender Oil (1%)	<u>STRONG ANESTHETICS:</u> <input type="checkbox"/> ____ Ketamine (5-10%) EDS for ≥5% <input type="checkbox"/> ____ Morphine (1-2%) *Requires M3P Formatting
<u>LOCAL ANALGESICS:</u> <input type="checkbox"/> ____ Tetracaine (2-5%) <input type="checkbox"/> ____ Lidocaine (2-5%) <input type="checkbox"/> ____ Bupivacaine (0.25%) <input type="checkbox"/> ____ Menthol (1%)	<u>COUNTER IRRITANTS</u> <input type="checkbox"/> ____ Menthol (2-10%) <input type="checkbox"/> ____ Camphor (1-5%) <input type="checkbox"/> ____ Capsaicin (0.025-0.01%) <input type="checkbox"/> ____ Peppermint Oil (1%)	<u>NEUROPATHIC PAIN MODULATORS:</u> <input type="checkbox"/> ____ Gabapentin (4-10%) <input type="checkbox"/> ____ Amitriptyline (2-10%) <input type="checkbox"/> ____ Clonidine (0.1-0.2%)
<u>PENETRATION ENHANCERS</u> <input type="checkbox"/> ____ DMSO (5-10%) <input type="checkbox"/> ____ Menthol 1%	<u>OTHER:</u>	
<input type="checkbox"/> PLO (Sticky Gel, has longer contact time) <input type="checkbox"/> Cream (Fast absorbing, easier to apply, and cosmetically preferred) Mitte: _____ grams Refills x _____ Sig: Apply to affected area(s) _____ times a day (2-4) PRN		

Prescriber Name and License: _____

Prescriber Phone and Address: _____

Prescriber Signature: _____

Please fax completed form to **1-833-536-1732**. The pharmacy will call the patient and confirm the cost before compounding.
We offer **FREE CITY WIDE DELIVERY!**

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