

ASPIRAR PHARMACY
 135 Parkway Office Ct. Ste. 105, Cary, NC 27518
 Fax 1: (855) 382-7700 Fax 2: (855) 732-8186 Tel : (919) 977-9011

Please include current patient demographic sheet

PATIENT NAME: _____ DOB: ____/____/____ PHONE #: (____) - _____
 ADDRESS: _____ LOCAL PHARMACY #: (____) - _____

COMPOUNDED PAIN CREAMS

- (BCDGKL) Baclofen 3%, Clonidine 0.2%, Diclofenac 4%, Gabapentin 6%, * _____ 15%, Lidocaine 3%**
Compound: 240gm : Apply 1-2 gram(s) to the affected area 3-4 times daily
- (BGIKLN) Baclofen 2%, Gabapentin 6%, Imipramine 3%,* _____ 10%, Lidocaine 2%, Nifedipine 2%**
Compound: 240gm : Apply 1-2 gram(s) to the affected area 3-4 times daily
- (BCDL) Baclofen 2%, Cyclobenzaprine 2%, Diclofenac 3%, Lidocaine 2%**
Compound: 240gm : Apply 1-2 gram(s) to the affected area 3-4 times daily
- (BBDG) Baclofen 2%, Bupivacaine 1%, Diclofenac 5%, Gabapentin 6%**
Compound: 240gm : Apply 1-2 gram(s) to the affected area 3-4 times daily

Refills : _____
 Allergies: _____
 Diagnosis: _____

If the prescribed medication is not covered by insurance, I approve the products below to be dispensed as a substitute in the listed/numbered order:

- _____ **Lidocaine 5% ointment + Diclofenac 3% gel + Doxepin 5% cream**
Lidocaine: 350gm : Apply 2-3 grams to the affected area 4 times daily, Diclofenac: 300gm : Apply 2-3 grams to the affected area 4 times daily, Doxepin: 180gm : Apply 2 grams to the affected area 3 times daily
- _____ **Lidocaine 5% ointment + Diclofenac 3% gel + BG(K) compound (Baclofen 5%, Gabapentin 10%, * _____ 10%)**
Lidocaine: 350gm : Apply 2-3 grams to the affected area 4 times daily, Diclofenac: 300gm : Apply 2-3 grams to the affected area 4 times daily, Compound: 120gm : Apply 1 gram to the affected area 4 times daily
- _____ **Lidocaine 5% ointment + Doxepin 5% cream + BD(K) compound (Baclofen 5%, Diclofenac 3%, * _____ 10%)**
Lidocaine: 350gm : Apply 2-3 grams to the affected area 4 times daily, Doxepin: 180gm : Apply 2 grams to the affected area 3 times daily, Compound: 120gm : Apply 1 gram to the affected area 4 times daily
- _____ **Diclofenac 3% gel + Doxepin 5% cream + BL(K) compound (Baclofen 5%, Lidocaine 5%, * _____ 10%)**
Diclofenac: 300 gm : Apply 2-3 grams to the affected area 4 times daily, Doxepin: 180 gm : Apply 2 grams to the affected area 3 times daily, Compound: 120gm : Apply 1 gram to the affected area 4 times daily
- _____ **Lidocaine 5% ointment + BDG(K) compound (Baclofen 5%, Diclofenac 3%, Gabapentin 10%, * _____ 10%)**
Lidocaine: 350gm : Apply 2-3 grams to the affected area 4 times daily, Compound: 120gm : Apply 1 gram to the affected area 4 times daily
Quantity Restriction due to Insurance: Lidocaine 100gm: Apply 1 gram to the affected area 3 times daily, Compound: 120gm : Apply 1 gram to the affected area 4 times daily
Quantity Restriction due to Insurance: Lidocaine 50gm: Apply 1 gram to the affected area 3 times daily, Compound: 120gm: Apply 1 gram to the affected area 4 times daily
- _____ **Diclofenac 3% gel + BGL(K) compound (Baclofen 5%, Gabapentin 10%, Lidocaine 5%, * _____ 10%)**
Diclofenac: 300gm : Apply 2-3 grams to the affected area 4 times daily, Compound: 120gm : Apply 1 gram to the affected area 4 times daily
Quantity Restriction due to Insurance: Diclofenac: 100gm: Apply 1 gram to the affected area 3 times daily, Compound: 120gm : Apply 1 gram to the affected area 4 times daily
- _____ **Doxepin 5% cream + BDL(K) compound (Baclofen 5%, Diclofenac 3%, Lidocaine 5%, * _____ 10%)**
Doxepin: 180gm : Apply 2 grams to the affected area 3 times daily , Compound: 120gm : Apply 1 gram to the affected area 4 times daily
Quantity Restriction due to Insurance: Doxepin: 90gm: Apply 1 gram to the affected area 3 times daily, Compound: 120gm : Apply 1 gram to the affected area 4 times daily
- _____ **Lidocaine 2.5% Prilocaine 2.5% Cream + BDG(K) compound (Baclofen 5%, Diclofenac 3%, Gabapentin 10%, * _____ 10%)**
Lidocaine/Prilocaine: 360gm: Apply 2 to 3 grams to the affected area 4 times daily, Compound: 120gm: Apply 1 gram to the affected area 4 times daily
- _____ **Gabapentin 6%, Meloxicam 0.5%, Methocarbamol 5%, Lidocaine 2.5%, Prilocaine 2.5%, * _____ 10%**
Compound: 240gm : Apply 1-2 gram(s) to the affected area 3-4 times daily
- _____ **Baclofen 2%, Diclofenac 5%, Gabapentin 6%, Tetracaine 3%, * _____ 10%**
Compound: 120gm : Apply 1 gram to the affected area 4 times daily

DERMATITIS/ECZEMA/PSORIASIS

- Fluocinonide 0.1% Topical Cream 120 gm** + **Urea 20% cream (OTC): Trade Size**
 Apply up to 4 grams (1 gram = 1 inch) to the affected area(s) topically Apply 1 gram (1 gram = 1 inch) to the affected area 2 times daily
 1 or 2 times daily. Do not use more than 60 grams per week.
 Do not use for more than 2 weeks consecutively.

If the prescribed medication is not covered by insurance, I approve the products below to be dispensed as a substitute in the listed/numbered order:

- _____ **Calcipotriene 0.005% Topical Cream 120 gm**
Apply 1-2 grams (1 gram = 1 inch) to the affected area 2 times daily
- _____ **Calcipotriene 0.005% and Betamethasone 0.064% Ointment 100 gm**
Apply 2-3 grams (1 gram = 1 inch) to the affected area once daily for up to 4 weeks. Discontinue once control is achieved.

Refills: _____
 Allergies: _____

MAINTENANCE MEDICATION

- Glumetza 500 mg Tablets** Sig : _____ Qty : 30 60 90
- Glumetza 1000 mg Tablets** Sig : _____ Qty : 30 60 90

Refills: _____
 Allergies: _____

PRESCRIBER NAME: _____ **PRESCRIBER SIGNATURE:** _____ **DATE:** ____/____/____

DEA: _____ **NPI:** _____ **PHONE:** (____) - _____ **FAX:** _____

*Ketamine is a controlled substance. This prescription may be filled at any pharmacy of patient's choice. This is not a tamper proof prescription: the completed order should be faxed to pharmacy. This fax may contain confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the recipient named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying or taking of any action in reliance on the contents of this faxed information is strictly prohibited. Please contact the phone number above. (919)-977-9011. to inform receipt of the document in error. V15: 08.08.17