



Memorial Pharmacy and Compounding

7017 S. Staples St Suite 103B

Corpus Christi, Texas 78413

Phone: 361-356-6279 Fax: 361-480-0090

Date: _____ Date of Birth: _____

Patient: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Allergies: _____

All compounds for clinical use will require a written prescription for each individual patient. Medication will be dispensed in patient specific package.

Non-Opioid Pain Management

△ **ABC Pain Formula Cream**

Amitriptyline 2%/Baclofen 2%/Cyclobenzaprine 2%/

Diclofenac 3%/ Lidocaine 5% in cream base

Dispense: △ 120ml △ 60ml △ _____ml

Sig: Apply 1ml every 2 hours to painful area until pain is relieved then TID-QID PRN

△ **ABC Pain Formula Roll-On**

Amantadine 2%/Bupivacaine 0.5%/ Cyclobenzaprine 1%/

Ketoprofen 10%/ Dextromethorphan 1% in Cutters solution

Dispense: △ 60ml △ 90ml △ _____ml

Sig: Roll on every 2 hours to painful area until pain is relieved then TID-QID PRN

△ **Diclofenac 3%/ Lidocaine 2% in Cutters solution**

Dispense in roll-on applicator

Sig: Apply 1/2ml to 1ml every 2 hours to affected area until pain is relieved then TID-QID

△ 90ml △ 60ml △ _____ml

△ **Lidocaine 10% cream**

Sig: Apply a pea size amount (1 gram) to the affected areas QID

Dispense: △ 60gm △ 30gm △ _____gm

△ **Ketoprofen 10%/Lidocaine 5% cream**

Sig: Apply a pea size amount (1 gram) to the affected areas QID

Dispense: △ 60gm △ 30gm △ _____gm

△ **Low Dose Naltrexone Capsules**

△ 1.5mg △ 3mg △ 4.5mg

Dispense: △ 30 △ 60 △ 90

Sig: Take 1 capsule by mouth at bedtime or _____

△ **Ketoprofen 10%/Lidocaine 10%/Gabapentin 6%**

(5ml syringes)

Dispense: △ 90ml △ 60ml △ 30ml △ _____ml

△ **Ketamine 5%/Ketoprofen 10%/ Lidocaine 5% cream**

Sig: Apply a pea size amount (1 gram) to the affected area QID

Dispense: △ 60gm △ 30gm △ _____gm

△

Other _____

Sig: _____

Dispense: _____

Refills: _____

Prescriber: _____ Prescriber

Phone: _____

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Prescriber

Signature: _____