



340 Marshall Ave #100 | Aurora, IL 60506

**FAX 630-859-0114**

Phone 630-859-0333

Dr. _____	DATE: ___ / ___ / ___    DOB: ___ / ___ / ___
Address: _____	Patient: _____
_____	Address: _____
Phone: _____	_____
Signature: _____	Phone: _____

**Joints and Muscles and Ultrasound**

{#3773} Ibuprofen 20%, Dexamethasone 0.4%, Lidocaine 0.5%, Ketamine 1%, Cyclobenzaprine 2% (ULTRASOUND FORMULA) [Compounded W/W]  
 Circle one: 30Gm   60Gm   120Gm   **SIG:** Apply to affected area 2 to 4 times daily. Rub in well.    **REFILLS:** \_\_\_\_\_

{#3774} Ibuprofen 20%, Dexamethasone 0.4%, Lidocaine 0.5%, Ketamine 1% [Compounded W/W]  
 Circle one: 30Gm   60Gm   120Gm   **SIG:** Apply to affected area 3 to 4 times daily. Rub in well.    **REFILLS:** \_\_\_\_\_

**RSD, Myofacial Pain, Causalgia, TMJ**

{#3775} Ketamine 15% with Lidocaine/Prilocaine 7% [Compounded W/W]  
 Circle one: 30Gm   60Gm   120Gm   **SIG:** Apply to affected area 2 to 4 times daily. Rub in well.    **REFILLS:** \_\_\_\_\_

{#3776} Ketamine 15%, Gabapentin 6%, Clonidine 0.2%, Amitriptyline 2% with Lidocaine/Prilocaine 7% [Compounded W/W]  
 Circle one: 30Gm   60Gm   120Gm   **SIG:** Apply to affected area 2 to 4 times daily. Rub in well.    **REFILLS:** \_\_\_\_\_

**Post Herpetic Neuralgia**

{#3777} Aspirin 5%, Lidocaine 5%, Clonidine 0.01% SOLUTION [Compounded]  
 Qty: 5ml   30ml   60ml   100ml   120ml   **SIG:** Apply to affected area 2 to 4 times daily. Rub in well.    **REFILLS:** \_\_\_\_\_

{#3775} Ketamine 15% with Lidocaine/Prilocaine 7% [Compounded W/W]  
 Circle one: 30Gm   60Gm   120Gm   **SIG:** Apply to affected area 2 to 4 times daily. Rub in well.    **REFILLS:** \_\_\_\_\_

{#3776} Ketamine 15%, Gabapentin 6%, Clonidine 0.2%, Amitriptyline 2% with Lidocaine/Prilocaine 7% [Compounded W/W]  
 Circle one: 30Gm   60Gm   120Gm   **SIG:** Apply to affected area 2 to 4 times daily. Rub in well.    **REFILLS:** \_\_\_\_\_

**Peripheral Neuropathy**

{#3778} Ketoprofen 2%, Amitriptyline 2%, Carbamazepine 2% [Compounded W/W]  
 Circle one: 30Gm   60Gm   120Gm   **SIG:** Apply to affected area 2 to 4 times daily. Rub in well.    **REFILLS:** \_\_\_\_\_

{#3779} Ketoprofen 4%, Amitriptyline 2%, Carbamazepine 4% [Compounded W/W]  
 Circle one: 30Gm   60Gm   120Gm   **SIG:** Apply to affected area 2 to 4 times daily. Rub in well.    **REFILLS:** \_\_\_\_\_

{#3776} Ketamine 15%, Gabapentin 6%, Clonidine 0.2%, Amitriptyline 2% with Lidocaine/Prilocaine 7% [Compounded W/W]  
 Circle one: 30Gm   60Gm   120Gm   **SIG:** Apply to affected area 2 to 4 times daily. Rub in well.    **REFILLS:** \_\_\_\_\_