



*Old Fashioned Service, Cutting Edge Medicine*

8021 Miller Rd • Swartz Creek, MI 48473  
 Phone: 810-630-0632 • Fax: 810-635-3295  
 Monday thru Friday 9:00 am - 5:00 pm  
 www.lueapharmacy.com

<b>Patient Name</b>				<b>Date</b>	/	/
<b>Date of Birth</b>	/	/	<b>Telephone #</b>	(		)
<b>Home Address</b>			<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Allergies</b>						

Prescribers: Mark the circle beside the name of the desired medication(s) and write-in strength(s) or concentration(s) where appropriate. This information is for reference only. Please make any changes needed to appropriately treat each patient. **Please also fax any prescription insurance and additional contact information you have for this patient.**

**TOPICAL PAIN MANAGEMENT**

	<b>MEDICATION PRESCRIBED</b>	<b>COMMON DOSE</b>	<b>DOSE PRESCRIBED</b>	<b>MECHANISM</b>
<input type="radio"/>	Ketoprofen	2% - 10%		NSAID
<input type="radio"/>	Diclofenac	2% - 10%		NSAID
<input type="radio"/>	Ketamine	2% - 10%		NMDA Antagonist
<input type="radio"/>	Gabapentin	6%		Glutamate Antagonist
<input type="radio"/>	Cyclobenzaprine	6%		Alpha-2 Agonist
<input type="radio"/>	Amitriptyline	2%		Sympatholytic
<input type="radio"/>	Lidocaine	5%		Anesthetic
<input type="radio"/>	DMSO	10% - 50%		Anesthetic
<input type="radio"/>	Baclofen	2%		GABA-beta Agonist

**COMMON COMBINATIONS**

- |   |   |  |
|---|---|--|
| <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| <input type="radio"/> Diclofenac 10%<br>Baclofen 6%<br>Lidocaine 5% | <input type="radio"/> Diclofenac 10%<br>Gabapentin 6%<br>Lidocaine 5% | <input type="radio"/> Diclofenac 10%<br>Cyclobenzaprine 2%<br>Lidocaine 5% |
| <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  |
| <input type="radio"/> Ketoprofen 10%<br>Baclofen 6%<br>Lidocaine 5% | <input type="radio"/> Ketoprofen 10%<br>Gabapentin 6%<br>Lidocaine 5% | <input type="radio"/> Ketoprofen 10%<br>Cyclobenzaprine 2%<br>Lidocaine 5% |

Sig: Apply 1ML - 2ML topically 3-4 times per day as needed as directed

Other: \_\_\_\_\_

Quantity: 50 gm    100 gm    \_\_\_\_\_GM    Refills:    PRN    Other: \_\_\_\_\_

<b>Physician Name</b>				<b>Physician Signature</b>		
<b>Telephone #</b>				<b>Fax #</b>		
<b>DEA #</b>				<b>NPI #</b>		