



Patient Name: _____ Date of Birth: _____
 Address: _____ Phone: _____
 Physician: _____ Primary Contact: Paul Miller (Prior Auths, Refills, Insurance, etc)
 Address: _____ Phone #: 516-873-1010 Ext 102
 City: _____ State: _____ Zip: _____
 DEA #: _____ Med Lic #: _____ NPI #: _____
 Patient Diagnosis Code: _____

TOPICAL ANALGESIC THERAPY MEDICATIONS

Joint Pain / Inflammation

- 1. GP-1 LOTION BACLOFEN 2%,CYCLOBENZAPRINE 2%,FLURBIPROFEN 20%, LIDOCAINE 5%
- 2. GP-2 LOTION CAPSAICIN 0.075%, CYCLOBENZAPRINE 10%, FLURBIPROFEN 15%
- 3. GP-3 LOTION DICLOFENAC 6%, INDOMETHACIN 6%, LIDOCAINE 5% *GOUT FORMULA*

Neuropathic and Chronic Pain

- 4. NCP-4 LOTION CAMPHOR 5%, CAPSAICIN 0.05%, GAUIFENESIN 10%, MENTHOL 5%
- 5. NCP-5 LOTION BACLOFEN 2%, CYCLOBENZAPRINE 2%, FLURBIPROFEN 10%, GABAPENTIN 6%, KETAMINE10%
- 6. NCP-6 LOTION BACLOFEN 2%, BUPIVACAINE, 2.0%, CYCLOBENZAPRINE 2%, FLURBIPROFEN 20%, GABAPENTIN 6%
- 7. NCP-7 LOTION BACLOFEN 2%, BUPIVACAINE 2%, CYCLOBENZAPRINE 2%, DICLOFENAC 3%,GABAPENTIN 6%, KETAMINE10%
- 8. NCP-8 LOTION CYCLOBENZAPRINE 2%, FLURBIPROFEN 10%, GABAPENTIN 6%, BUPIVACAINE 1%, KETAMINE 30%

Heel Pain

- 9. HPC-9 LOTION BUPIVACAINE 1%, CYCLOBENZAPRINE 2%, DIPHENHYDRAMINE 5%, FLURBIPROFEN 10%, GABAPENTIN 6%

Wound and Scar Creams

- 10. CP159 LEVOCETIRIZINE 2%, BETAMETHASONE 0.05%, DOXEPIN 3%, TRANILAST 2% *SCAR*
- 11. CP160 LEVOCETIRIZINE 1%, DIMETHYL SULFONE 1%, DOXEPIN 3%, EGCG 1%, TRANILAST 1%, LIDOCAINE 3% *SCAR*
- 12. CP113 MISOPROSTOL 0.0025%, METRONIDAZOLE 2%, PHENYTOIN 2%, NIFEDIPINE 2%, LIDOCAINE 2% *WOUND*
- 13. CP114 MISOPROSTOL 0.0025, PHENYTOIN 2%, KETOPROFEN 2%, LIDOCAINE HCL 2% *WOUND*

Quantity 180 gms 240 gms SIG: Apply 1-2 GRAMS to affected area 3-4 times daily. Alternate SIG _____
 1 Pump = 1.5 MLs *Ketamine is a Schedule III

PHYSICIAN SIGNATURE _____:Date: _____ Refills: _____

Patient Insurance Information (or you may provide a copy of the patient's card - front & back

PPO WorkComp

Insurance: _____ Adjuster: _____ Phone: _____
 Claim#: _____ BIN#: _____ Pt ID# _____
 _____ Group#: _____ Employer: _____
 _____ DOI: _____

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