

Please fax all prescriptions that require compounding to 630-530-0295. For assistance, please call 855-770-6313.

# Prescription Request for Specialty Formulations

**IMPORTANT: Please attach Patient Demographics Sheet & copy of Prescription Insurance Card.**

Patient \_\_\_\_\_ Rx Ins Name \_\_\_\_\_ Date of Rx \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Member ID \_\_\_\_\_ Diagnosis Code \_\_\_\_\_  
 Address \_\_\_\_\_ Group \_\_\_\_\_ Allergies \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ BIN \_\_\_\_\_  
 Phone \_\_\_\_\_ PCN \_\_\_\_\_

<b>Workers Compensation</b>	
Claim #	_____
Date of Injury	_____

## Common Specialty Formulations

<p><b>Chronic Pain / Inflammation</b>                  10% - Ketoprofen    2% - Baclofen                  6% - Gabapentin                  5% - Bupivacaine                  1% - Fluticasone                  2% - Cyclobenzaprine                  0.2% - Clonidine                  0.2% - Hyaluronic Acid</p> <table border="1"> <tr> <td>✓</td> <td>Protocol</td> </tr> <tr> <td></td> <td>240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	✓	Protocol		240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.			<p><b>Neuropathic Pain</b>                  2% - Baclofen                  6% - Gabapentin                  3% - Amitriptyline                  2% - Nifedipine                  5% - Bupivacaine HCL                  5% - Dextromethorphan                  10% - Flurbiprofen</p> <table border="1"> <tr> <td>✓</td> <td>Protocol</td> </tr> <tr> <td></td> <td>240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	✓	Protocol		240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.			<p><b>Joint/Musculoskeletal Pain</b>                  8% - Amantadine                  2% - Baclofen                  5% - Bupivacaine                  2% - Cyclobenzaprine                  3% - Diclofenac                  10% - Gabapentin                  10% - Pentoxifylline</p> <table border="1"> <tr> <td>✓</td> <td>Protocol</td> </tr> <tr> <td></td> <td>240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	✓	Protocol		240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.			<p><b>Migraine</b>                  5% - Sumatriptan                  5% - Loperamide                  5% - Gabapentin                  5% - Doxepin                  5% - Indomethacin</p> <table border="1"> <tr> <td>✓</td> <td>Protocol</td> </tr> <tr> <td></td> <td>240g + 5 refills. Apply 1-2g, 1-2 times per day to the affected area.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	✓	Protocol		240g + 5 refills. Apply 1-2g, 1-2 times per day to the affected area.		
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<p><b>Scar + Pain</b>                  1% - Fluticasone                  2% - Levocetirizine                  0.5% - Pentoxifylline                  3% - Prilocaine                  15% - Gabapentin</p> <table border="1"> <tr> <td>✓</td> <td>Protocol</td> </tr> <tr> <td></td> <td>240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	✓	Protocol		240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.			<p><b>Scar Only</b>                  1% - Fluticasone                  2% - Levocetirizine                  0.5% - Pentoxifylline</p> <table border="1"> <tr> <td>✓</td> <td>Protocol</td> </tr> <tr> <td></td> <td>240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.</td> </tr> <tr> <td></td> <td></td> </tr> </table>	✓	Protocol		240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.			<p><b>Wound Topical Anti Infective</b>                  5% - Phenytoin                  2% - Lidocaine                  0.0024% - Misoprostol                  1% - Pentoxifylline                  1% - Clindamycin</p> <table border="1"> <tr> <td>✓</td> <td>Protocol</td> </tr> <tr> <td></td> <td>240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.</td> </tr> <tr> <td></td> <td>120g + 5 refills. Apply 1-2g, 1-2 times per day to the affected area.</td> </tr> </table>	✓	Protocol		240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.		120g + 5 refills. Apply 1-2g, 1-2 times per day to the affected area.	<p><b>Plantar Fibromatosis</b>                  10% - Verapamil                  5% - Diclofenac                  2% - Baclofen                  0.1% - Mometasone                  1% - Bupivacaine</p> <table border="1"> <tr> <td>✓</td> <td>Protocol</td> </tr> <tr> <td></td> <td>240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.</td> </tr> <tr> <td></td> <td>120g + 5 refills. Apply 1-2g, 1-2 times per day to the affected area.</td> </tr> </table>	✓	Protocol		240g + 5 refills. Apply 1-2g, 3-4 times per day to the affected area.		120g + 5 refills. Apply 1-2g, 1-2 times per day to the affected area.
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**Other Specialty Formulation** (Handwritten instructions by the Practioner in the space below or handwritten modifications of the formulas above will be accepted.)

Prescribed therapies above are to be compounded by pharmacy. Substitutions are applicable if patient's insurance does not cover prescribed compound. A Generically Equivalent drug product may be substituted unless the practioner writes the words "Brand Medically Necessary" on the form of the prescription. By signing this prescription, prescriber is authorizing pharmacy to substitute as necessary.

Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ NPI# \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ DEA# \_\_\_\_\_ Fax # \_\_\_\_\_

Physician Signature \_\_\_\_\_