WEST END PHARMACY

101 Tara Commons Drive Suite 100
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Phone: 470-220-7232 Fax: 470-220-7233

Custom Pain Management Compounding Order

Patient Name: _____

DOB: _____ Patient Phone Number: _____

Address: _____

Arthritis / Joint Pain / Soft Tissue Inflammation (check box for standard dose or enter custom strength)

- ⬜ Ketoprofen 10% or _____%
- ⬜ Diclofenac 10% or ____%
- ⬜ Cyclobenzaprine 2% or _____%
- ⬜ Lidocaine 5% or _____%

Neuropathic Agents:

- ⬜ Gabapentin 5% or _____%
- ⬜ Amitriptyline 2% or _____%

Additional Agents

- ⬜ Acyclovir 5% or _____%
- ⬜ Nifedipine 2% or _____%
- ⬜ Hydrocortisone 1% or _____%
- ⬜ Ingredient: _____
- ⬜ Strength: _____%

Route:

- ⬜ Cream, topical
- ⬜ Gel, topical
- ⬜ Ointment, topical

Directions:

- ⬜ Apply 1 to 2 pumps to affected area 3 to 4 times daily
- ⬜ _____

Prescriber: _____ Refills: _____

DEA: _____ Date: _____