

PATIENT INFORMATION

Patient Name: _____
 Date of Birth: _____
 Patient Phone: _____
 Patient Address: _____
 City/State/Zip: _____
 Allergies: _____

PROVIDER INFORMATION

Practitioner: _____
 DEA #: _____
 Phone: _____
 Address: _____
 City/State/Zip: _____
 Faxed by: _____

TOPICAL PAIN

- K** _____ **10% - G** _____ **6% - Diclofenac 3% - Baclofen 2% - Cyclobenzaprine 2% - Bupivacaine 1% Cream**
(write Ketamine if needed) (write Gabapentin if needed)
 Quantity: 240 gm Other Qty: _____ SIG: Apply one to two grams to affected area three to four times daily. Rub in thoroughly.
- G** _____ **6% - Diclofenac 3% - Cyclobenzaprine 2% - Baclofen 2% - Bupivacaine 1% Cream**
(write Gabapentin if needed)
 Quantity: 240 gm Other Qty: _____ SIG: Apply one to two grams to affected area three to four times daily. Rub in thoroughly.
- Diclofenac 3% - Cyclobenzaprine 2% - Baclofen 2% - Bupivacaine 1% Cream**
 Quantity: 240 gm Other Qty: _____ SIG: Apply one to two grams to affected area three to four times daily. Rub in thoroughly.
- Diclofenac 3% - Bupivacaine 1% Cream**
 Quantity: 240 gm Other Qty: _____ SIG: Apply one to two grams to affected area three to four times daily. Rub in thoroughly.
- K** _____ **10% - G** _____ **6% - Amitriptyline 2% - Nifedipine 2% - Bupivacaine 1% - Clonidine 0.2% Cream**
(write Ketamine if needed) (write Gabapentin if needed)
 Quantity: 240 gm Other Qty: _____ SIG: Apply one to two grams to affected area three to four times daily. Rub in thoroughly.

WELLNESS

- Supplement CS8 Capsules (5-MTHF 7.5 mg - Methylcobalamin 1 mg - Acetylcysteine 400 mg - Vitamin D3 2,500 IU)**
 Quantity: 180 caps Other Qty: _____ SIG: Take two capsules by mouth once daily with food.
- Low-Dose Naltrexone Capsules (select strength)** **1.5 mg** **3 mg** **4.5 mg**
 Quantity: 30 caps Other Qty: _____ SIG: Take one capsule by mouth once daily with food.

HAIR HEALTH

- Formula 83M Solution (Minoxidil 5% - Finasteride 0.05% - Tretinoin 0.01% - Fluocinolone 0.025% - Vit E 10 IU/gm)**
 Quantity: 50 mL Other Qty: _____ SIG: Apply a few drops to affected area of scalp one to two times daily.

ANORECTAL FISSURE

- Nifedipine 0.5% - Lidocaine 3% Gel**
 Quantity: 90 gm Other Qty: _____ SIG: Apply one gram to affected area two to three times daily. For external use only.

MEN'S HORMONE

- T** _____ (write Testosterone & select strength) **50 mg/gm** **100 mg/gm** **200 mg/gm** _____ **mg/gm Cream**
 Quantity: 30 gm Other Qty: _____ SIG: Apply one gram to upper inner arm once daily. Rotate application site.

WOMEN'S HEALTH

- Estradiol (E2) ▼ mg/gm - Estriol (E3) ▼ mg/gm - Progesterone ▼ mg/gm - T** _____ **▼ mg/gm Cream**
(write Testosterone if needed)
 0.25 0.25 25 1
 0.5 0.5 50 2
 1 1 100 4
 Quantity: 15 gm Other Qty: _____ SIG: Apply one-half gram to upper inner arm once daily. Rotate application site.

Refills: _____ Signature: _____ Date: _____

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