



Compounded Formulas for Burning Foot Syndrome Rx Template

Patient's Name: _____ DOB: _____

Patient's Address: _____ City: _____ State _____, Zip: _____

Patient's Phone: _____ Drug Allergies: _____

Topical Cream/Topical Anhydrous Cream Vehicle Selection

The formulas below have the option of being made as a **Cream** or as an **Anhydrous Cream**. The table below describes the fundamental differences between these two options. There are price and stability considerations with either choice.

Vehicle	Description	Price	Beyond Use Dating
Cream	Off white/beige. Creamy feel.	\$\$	Up to 30 days
Anhydrous Cream	Off white/beige. Silky feel.	\$\$\$	Up to 180 days

Formulation Selection (choose by checking the box to the left of the formula)

☐

Amitriptyline HCl 2%-Baclofen 2%-Ketoprofen 10% Topical Cream or Anhydrous Cream
(circle one). Optional-> add Ingredient: _____ (write in) i.e. Ketamine HCl 5%

☐

Baclofen 2%-Gabapentin 10%-Tizanidine HCl 0.2% Topical Cream or Anhydrous Cream
(circle one). Optional-> add Ingredient: _____ (write in) i.e. Ketamine HCl 5%

☐

Gabapentin 6%-Nifedipine 2%-Tizanidine HCl 0.2% Topical Cream or Anhydrous Cream
(circle one). Optional-> add Ingredient: _____ (write in) i.e. Ketamine HCl 10%

Quantity Selection (choose a dispense quantity by checking the corresponding box)

☐

30gm

☐

60gm

☐

90gm

☐

____gm

Directions for Use (Choose pre-worded directions below or manually enter directions for use)

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Apply a small amount of cream to affected area(s) up to TID as needed

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Refills: 0—1—2—3—4—5—PRN—#____ (Circle or write in)

Prescriber's Name: _____ Prescriber DEA# (if needed) _____ Date: _____

Prescriber's Street Address: _____ City: _____ State: _____ Zip: _____

Prescriber's Phone Number: _____ Name of person submitting order: _____

Fax completed forms to (503)-624-0591 or email them to info@northwestcompounders.com