

## Compounded Formulas for Shingles Pain Rx Template

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_, Zip: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_

### Formulation Selection (choose one by checking the corresponding box)

Acyclovir 5%-Amitriptyline HCL 2%-Bupivacaine HCl 1%-Gabapentin 6%-  
Ketoprofen 5% Topical Anhydrous Gel \*180 Day BUD

Acyclovir 2%-Amitriptyline HCL 2%-Gabapentin 10%-Ketoprofen 5%-Tetracaine  
1% Topical Anhydrous Gel \*180 Day BUD

Gabapentin 6%-Lidocaine HCl 6% Topical Anhydrous Gel \*180 Day BUD  
Add pharmaceutical agent / strength.: \_\_\_\_\_ (write-in)  
i.e. Ketamine 6%, Hydrocortisone 2.5%

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

15gm

30gm

\_\_gm

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

Apply a small amount to the affected area as needed

### Refills?

Refill \_\_\_\_\_ time(s)

No Refills

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

Prescriber's Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Prescriber's Phone Number: \_\_\_\_\_ Name of person submitting order: \_\_\_\_\_