



## Compounded Formulas for Vulvodynia Rx Template

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

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

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

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

☐ Amitriptyline HCL 0.25% to 5% Vaginal Cream \_\_\_\_\_ (write-in desired strength)

☐ Amitriptyline HCL 2%-Baclofen 2% Vaginal Gel

☐ Amitriptyline HCL 2%-Gabapentin 6%-Lidocaine HCL 2% Vaginal Cream

☐ Baclofen 2% Vaginal Gel + \_\_\_\_\_ + \_\_\_\_\_ (write in additional ingredient(s)) i.e. Diazepam 1%, Ketamine HCL 0.5% , Gabapentin 6%

☐ Gabapentin 6% Vaginal Gel

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

☐ 30 each ☐ 60 each ☐ 90 each ☐ \_\_\_\_\_ each

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

☐ Use applicator to insert 1mL vaginally TIW QHS

☐ \_\_\_\_\_

### 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: \_\_\_\_\_