



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)

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

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

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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)

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Apply a small amount to the affected area as needed

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Refills? ☐ Refill time(s) ☐ No Refills

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

Prescriber's signature (required for controlled substances):

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@northwestcompounding.com