



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 signature (required for controlled substances):

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

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