

COMPOUNDING SHOP PHARMACY

Established 1982

11845 Wilcrest Dr, Houston, TX 77031
 Phone: 281-495-2230, Fax: 281-495-2232
 Visit our website: mycompoundingshop.com

Patient Information					
Patient:				Gender: Male / Female	
DOB:		Phone:	Cell:	Last 4 digits of patient's SSN:	
Address:			City:	State:	Zip:
Allergies:			Diagnosis Code:		SRI:
PLEASE FAX: RX, COPY OF INSURANCE CARD & DEMOGRAPHICS			We DO NOT Take Medicaid. Some Medicare Coverage May Be Limited		
Musculoskeletal, Joint Pain, & TMJ			Neuropathic Pain		
(Apply 1-2 pumps 3 to 4 times a day) (120 - 240gm)			(Apply 1-2 pumps 3 to 4 times a day) (120 - 240gm)		
<input type="checkbox"/>	Baclofen 2% / Ketoprofen 20% / Lidocaine 10% (c163)		<input type="checkbox"/>	Amitriptyline 3% / Clonidine 0.2% / Flurbiprofen 10% / Gabapentin 6% / Ketamine 5% / Lidocaine 5% (c167)	
<input type="checkbox"/>	Baclofen 2% / Flurbiprofen 10% / Gabapentin 6% / Lidocaine 5% (c161)		<input type="checkbox"/>	Clonidine 0.2% / Flurbiprofen 10% / Gabapentin 6% / Imipramine 3% / Ketamine 10% / Lidocaine 2% (c168)	
			Shingles		
			(Apply 1-2 pumps 3 to 4 times a day) (120 - 240gm)		
<input type="checkbox"/>	Baclofen 2% / Cyclobenzaprine 2% / Diclofenac 3% / Gabapentin 6% / Ketamine 10% / Lidocaine 2% (c128)				
<input type="checkbox"/>	Baclofen 2% / Cyclobenzaprine 2% / Flurbiprofen 10% / Gabapentin 6% / Ketamine 10% / Lidocaine 2% (c7716)		<input type="checkbox"/>	Acyclovir 5% / Amitriptyline 2% / Deoxy-D-Glucose 0.2% / Flurbiprofen 10% / Ketamine 10% / Lidocaine 2% (c169)	
			Migraine		
			(Apply 1 pump to wrist and 1 pump to the top of the back of the neck, just below the skull, may repeat in 2 hours once only.) (60 - 120gm)		
<input type="checkbox"/>	Cyclobenzaprine 1% / Ketamine 4% / Ketoprofen 15% / Lidocaine 2% / Piroxicam 3% / Tramadol 1% (c7375)				
Gynecological Pain & Endometriosis					
(Apply 1 gram twice daily) (60gm)					
<input type="checkbox"/>	Diazepam 1% / Baclofen 2% / Ketamine 0.5% / Progesterone 10% (c164)		<input type="checkbox"/>	Cyclobenzaprine 2% / Flurbiprofen 10% / Gabapentin 6% / Ketamine 5% / Sumatriptan 5% / Topiramate 2% (c170)	
<input type="checkbox"/>	Diazepam 1% / Flurbiprofen 2.5% / Lidocaine 1% / Progesterone 10% (c166)		<input type="checkbox"/>	Amitriptyline 1.5% / Flurbiprofen 2.5% / Gabapentin 3% / Ketamine 2.5% / Ondansetron 0.25% / Sumatriptan 5% (c171)	
Testosterone Replacement Therapy			Gout Pain & Plantar Fibromatosis		
(Apply 1-2 pumps in the morning) (30 - 60gm)			(Apply 1-2 pumps 3 to 4 times a day) (120 - 240gm)		
<input type="checkbox"/>	Testosterone USP 10% (c3454)		<input type="checkbox"/>	Bupivacaine 2% / Flurbiprofen 10% / Indomethacin 6% / Mometasone 0.1% (c172)	
<input type="checkbox"/>	Progesterone 1% / Testosterone USP 10% (c5471)		<input type="checkbox"/>	Baclofen 2% / Bupivacaine 1% / Diclofenac 5% / Mometasone 0.1% / Verapamil 10% (c173)	
Wound Care			Scar Treatment		
(Apply 1-2 pumps 3 times a day) (90 - 180gm)			(Apply 1-2 pumps 3 times a day) (90 - 180gm)		
<input type="checkbox"/>	Fluticasone 1% / Itraconazole 5% / Mupirocin 5% in Spira-Wash (decubitus ulcer, open wounds) (c174)		<input type="checkbox"/>	Betamethasone sodium phosphate 0.05% / Doxepin 3% / Levocetirizine 2% / Tranilast 3% in Pracasil-Plus (c176)	
<input type="checkbox"/>	Collagenase 350 U/Gm / Hyaluronidase 250 U/Gm / Papain 2% / (Aloe vera, Lipactive Inca Inchi, Panthenol, Peucedanum, Ostruthium Extract) in Spira-Wash (weeping wounds, small post surgery wounds) (c175)		<input type="checkbox"/>	Collagenase 350 U/Gm / Epigallocatechin Gallate 1% / Hyaluronidase 250 U/Gm / Lipoic Acid 0.5% / Pentoxifylline 0.5% / Verapamil 6% in Pracasil-Plus (c177)	
			Medications Can Be Formulated To Your Preference		
Other Quantity: Sig & Comments:		Refills:		Physicians Signature:	
Provider Information					
Prescriber:				Date:	
Person Faxing Form:			Phone:	Fax:	
DEA #:		NPI #:	State License #:		DPS#:
Address:			City:	State:	Zip: