

Circle the number of the prescription below. To delete medications, cross out.

EXAMPLES	Plantar Fasciitis Tendonitis Bursitis Epicondylitis Osteoarthritis Pain	2	ADVANCED	· Diclofenac 3% · Baclofen 2% · Orphenadrine 5% · Bupivacaine 2% ·
		3	ADVANCED WITH NEUROPATHIC	· Diclofenac 3% · Baclofen 2% · Cyclobenzaprine 2% · Gabapentin 6% · Bupivacaine 2% ·
EXAMPLES	RSD/CRPS General Neuropathy Post-Herpetic Neuralgia	6A	STANDARD NEUROPATHIC	· Amantadine 8%* · Baclofen 2% · Gabapentin 6% · Amitriptyline 4% · Bupivacaine 2% · Clonidine 0.2%
	Diabetic Neuropathy Chemo-Induced Neuropathy	7A	DIABETIC & CHEMO NEUROPATHIC	· Amantadine 8%* · Baclofen 2% · Gabapentin 6% · Amitriptyline 4% · Bupivacaine 2% · Clonidine 0.2% · Nifedipine 2% ·
EXAMPLES	Advanced Osteoarthritis Pain Back Pain Myofascial Pain Fibromyalgia Post Laminectomy Pain	8A	STANDARD WITH ANTI-MUSCLE SPASM	· Amantadine 8%* · Baclofen 2% · Cyclobenzaprine 2% · Diclofenac 3% · Gabapentin 6% · Bupivacaine 2% ·
		10A	ADVANCED FORMULATION	· Amantadine 8%* · Orphenadrine 5% · Baclofen 2% · Diclofenac 3% · Gabapentin 6% · Bupivacaine 2% ·
Custom Formulation - Check to include ingredient.			Used in All Preparations - Pentoxifylline 3%/Tranilast 1%/DMSO	
<input type="checkbox"/> Nifedipine 2% <i>Tissue Perfusion, diabetes</i>			<input type="checkbox"/> Verapamil 6% <i>Fibrosis, Scarring</i>	
<input type="checkbox"/> Dextromethorphan 2% <i>NMDA antagonist, Greater Pain</i>				
<input type="checkbox"/> Clonidine 0.2% <i>Alpha-Adrenergic</i>			<i>*Prescriber is substituting the above ingredient for 8% Amantadine and allows the pharmacist to keep the original formulation, if needed, for insurance purposes.</i>	
Prescribe other formulations or make additional changes in the space below.				

Refills (circle one): 0 1 2 3 4 5 PRN

Dispense (circle one): 120gm 180gm 240gm

Sig: Apply 1-2 grams to affected area 3 - 4 times daily

Alternate Sig:

Prescriber Signature: _____

Topiramate 2.5% / Celecoxib 2% /
Duloxetine 1.2% / Lidocaine 3%

☐ Checking the box allows the pharmacist to substitute the following formulation for insurance purposes.
Meloxicam 0.5% · Doxepin 3% · Amantadine 3% · Dextromethorphan 2% · Lidocaine 2%

Patient Information

Date Rx Written: _____ Patient Name: _____
 DOB: _____ Phone: _____ Cell Phone: _____
 Address: _____ Apt.# _____
 City: _____ State: _____ Zip: _____
 Diagnosis: _____ Allergies: _____
 Last 4 of SSN: _____ RxBIN: _____ ☐ Check here only if Rx is Work Comp Related.

Prescriber Information

Prescriber: _____ Person Faxing: _____
 DEA: _____ NPI: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____

The formulations above have been frequently prescribed for the listed conditions. Any formula may be modified for the individual patient according to the clinical judgment of the prescriber.



We've Got Pain Covered.

Your physician has prescribed one of the most advanced topical pain solutions available today. Transdermal pain formulations deliver powerful pain relieving drugs across your skin directly to the site of your pain.

Get your prescription delivered directly to your home! We just need a little help from you:

- You will receive a call from Transdermal Therapeutics pharmacy to obtain the information required to fill your prescription. **This number will appear as an out of state (205) telephone number on your home phone or an (877) number on your cell phone.**
- If you do not receive a call within 24-48 hours, please call the pharmacy at **1-877-581-5444 and select option 1.**
- Your insurance typically covers these creams – Transdermal Therapeutics may call you first for your approval on co-pay information prior to mailing you a filled prescription.
- Our Patient Advocate, a Registered Nurse, will work to ensure that you are completely satisfied with your customized formulation. We'll contact you after the receipt of your first prescription to answer any questions you may have in order for you to achieve the best possible outcome from your Transdermal Therapeutics topical pain cream. Our goal is to be a partner in your pain management through improving communication between you, your doctor, your insurance company and our pharmacy.

How to get the most out of your pain cream:

To make this pain formulation work really well, it needs to build up a reservoir under your skin. That's why we ask you to rub the cream into your skin for two full minutes. This will help deliver the maximum amount of drug to the site of your pain. You can watch how this is done on our website: **www.transdermalinc.com**.

1. Wash the affected area beforehand to moisturize the skin and remove any possible contaminants (after bathing is a good time to apply the cream).
2. Apply enough of the cream to require 2 minutes to rub it in well. Typically this would be a nickel or dime sized dollop (about 1 pump), followed by an additional pea sized amount or two if necessary. Rub in well until absorbed. Wash hands after applying the cream (unless the cream has been prescribed for hand pain).
3. DO NOT bathe or swim for an hour after application.
4. The cream may tingle after applying, this is normal.
5. Side effects may include rashes from contamination of the skin surface or allergies to one of the ingredients – please call your doctor or our pharmacy if side effects occur.
6. Please store the cream at normal room temperature and keep out of reach of children and pets.

Refills:

When you have finished your prescription we will be happy to dispense a refill if it has been authorized by your prescriber.

- Please call the pharmacy at **1-877-581-5444 and select option 2**
- **FAX: 1-877-495-5445 or 1-205-945-2999**
- For additional information, please visit our website: **www.transdermalinc.com**