

Patient Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Allergies \_\_\_\_\_

**Wound Care Applications** (to be compounded – Commercially available products not sufficient for treatment.)

Fixed Dose Combinations		
<p style="text-align: center;"><b>Debridement</b></p> <p><input type="checkbox"/> Cream                      <input type="checkbox"/> Powder</p> <p style="text-align: center;">Urea 30% Lidocaine 2% Iodoform 0.5% PLUS <input type="checkbox"/> Metronidazole 2%   <input type="checkbox"/> Activated Charcoal 2%</p> <p>Qty: Q.S. for wound size      Day Supply: 14 days Sig: Clean site and apply to affected area with each dressing change as directed.</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Wound Care Gel</b></p> <p style="text-align: center;">Nifedipine 0.2% Naltrexone 0.03% Hyaluronic Acid 0.2%</p> <p>Qty: Q.S. for wound size      Day Supply: 14 days Sig: Apply 1 gram to affected area 2 times daily as directed.</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Wound Care Gel</b></p> <p style="text-align: center;">Phenytoin 3% Pentoxifylline 2% Lidocaine 2% Nifedipine 0.2%</p> <p>Qty: Q.S. for wound size      Day Supply: 14 days Sig: Apply 1 gram to wound bed daily as directed.</p>
<p style="text-align: center;"><input type="checkbox"/> <b>Wound Care Gel – Fissure</b></p> <p style="text-align: center;">Nifedipine 0.3% Lidocaine 5% Hydrocortisone 2%</p> <p>Qty: 30 grams                      Day Supply: 30 days Sig: Apply 0.5 gram to affected area twice daily.</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Skin Conditioning/Repair Cream</b></p> <p style="text-align: center;">Emu Oil 6% DHEA 1% Hyaluronic Acid 0.5% MSM 3% Urea 4%</p> <p>Qty: 120 grams                      Day Supply: 30 days Sig: Apply 1 gram to affected area 2-3 times daily.</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Keratolytic Cream</b></p> <p style="text-align: center;">Urea 20% Salicylic Acid 1.5% Aloe Vera (200:1) 1%</p> <p>Qty: Q.S. for wound size      Day Supply: 14 days Sig: Apply 0.25 gram to affected area twice daily.</p>
<p style="text-align: center;"><input type="checkbox"/> <b>Pain Ointment</b></p> <p><b>*Note: Application to intact skin ONLY</b></p> <p style="text-align: center;">Benzocaine 20% Lidocaine 10%</p> <p>Qty: 30 grams                      Day Supply: 30 days Sig: Apply 1 gram to affected area as directed.</p>	<p style="text-align: center;"><input type="checkbox"/> <b>Wound Care Powder - Closure</b></p> <p style="text-align: center;">Phenytoin 3% Metronidazole 1% Iodoform 0.3% Nifedipine 0.2% Hyaluronate 0.2% Sucralfate 5%</p> <p>Qty: Q.S. for wound size      Day Supply: 30 days Sig: Clean/dry site prior to application. Aspirate thin layer of powder onto surface of wound with each dressing change.</p>	<p style="text-align: center;"><b>Irrigation Solution</b></p> <p style="text-align: center;">Dakin's Solution – 473mls <input type="checkbox"/> 0.5% strength      <input type="checkbox"/> 0.25% strength Sig: Use as directed</p> <p style="text-align: center;"><input type="checkbox"/> <b>Vashe Wound Solution – 250mls</b> Sig: Use as directed</p>
Custom Combinations		
<p><b>Step 1 (Base Selection)</b></p> <p><input type="checkbox"/> Mucoadhesive Powder (g)    <input type="checkbox"/> Wound care gel (g)    <input type="checkbox"/> Polox Spray (ml)</p> <p><b>Step 2 (Abx Selection)</b></p> <p><input type="checkbox"/> Metronidazole 2%              <input type="checkbox"/> Acyclovir 5%              <input type="checkbox"/> Levofloxacin 1%              <input type="checkbox"/> Per Cultures  <input type="checkbox"/> Clindamycin 2%                <input type="checkbox"/> Itraconazole 1%            <input type="checkbox"/> Vancomycin 2.5%  <input type="checkbox"/> Gentamicin 0.2%               <input type="checkbox"/> Colistimethate 0.15%    <input type="checkbox"/> Doxycycline 2%  <input type="checkbox"/> Nystatin 100,000 units/gm   <input type="checkbox"/> Mupirocin 3%              <input type="checkbox"/> Silver Sulfadiazine 0.5%  <input type="checkbox"/> Other _____</p>		<p style="text-align: center;"><b>Step 3 (Perfusion/Cell Growth/Misc)</b></p> <p><input type="checkbox"/> Phenytoin 3%  <input type="checkbox"/> Naltrexone 0.03%  <input type="checkbox"/> Nifedipine 0.2%  <input type="checkbox"/> Pentoxifylline 2%  <input type="checkbox"/> Sucralfate 5%  <input type="checkbox"/> Hyaluronic Acid 0.2%  <input type="checkbox"/> PRP adjunct therapy  <input type="checkbox"/> Zinc Oxide 20%  <input type="checkbox"/> Other _____</p>
<p style="text-align: center;"><b>Step 4 (Pain Management)</b></p> <p><input type="checkbox"/> Lidocaine 2%   <input type="checkbox"/> Prilocaine HCl 2%</p>	<p style="text-align: center;"><b>Step 5 (Debridement/Keratolytic)</b></p> <p><input type="checkbox"/> Urea 20%                      <input type="checkbox"/> Urea 30%  <input type="checkbox"/> Salicylic Acid 1.5%        <input type="checkbox"/> Iodoform 0.5%</p>	<p>Qty: <input type="checkbox"/> 15g(ml)   <input type="checkbox"/> 30g(ml)   <input type="checkbox"/> 60g(ml)   <input type="checkbox"/> 120g(ml)</p> <p><input type="checkbox"/> Clean/dry site prior to application. Aspirate thin layer of powder/spray onto surface of wound with each dressing change x 14 days or as directed.</p> <p><input type="checkbox"/> Clean/dry site prior to application. Apply gel directly into wound bed and spread evenly using gloved hand or sterile gauze with each dressing change x 14 days or as directed.</p>

Refills: 1 2 3 4 5 prn zero

Wound Measurements (cm): \_\_\_\_\_

Frequency of Dressing Changes: \_\_\_\_\_

Notes/Alt Sig: \_\_\_\_\_

\*Prescriber (Name/Signature) \_\_\_\_\_

\*Phone # \_\_\_\_\_ \*NPI/DEA # \_\_\_\_\_