

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%                      MSM 3% DHEA 1%                      Urea 4% Hyaluronic Acid 0.5%</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 style="text-align: center;"><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;">Hyaluronate 0.2%              Phenytoin 5% Metronidazole 1%              Silver Sulfadiazine 0.5% Nifedipine 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</p> <p style="text-align: center;"><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 (Antibacterial Selection)</b></p> <p><input type="checkbox"/> Acyclovir 5%                      <input type="checkbox"/> Gentamicin 0.2%                      <input type="checkbox"/> Mupirocin 3%                      <input type="checkbox"/> Per Cultures <input type="checkbox"/> Clindamycin 2%                      <input type="checkbox"/> Itraconazole 1%                      <input type="checkbox"/> Nystatin 100,000 U/gm <input type="checkbox"/> Colistimethate 0.15%                      <input type="checkbox"/> Levofloxacin 1%                      <input type="checkbox"/> Silver Sulfadiazine 0.5% <input type="checkbox"/> Doxycycline 2%                      <input type="checkbox"/> Metronidazole 2%                      <input type="checkbox"/> Vancomycin 2.5%</p> <p><input type="checkbox"/> Other _____</p>		<p style="text-align: center;"><b>Step 3 (Pain Management)</b></p> <p><input type="checkbox"/> Lidocaine 2% <input type="checkbox"/> Prilocaine HCl 2%</p>
<p><b>Step 2 (Perfusion/Cell Growth/Misc)</b></p> <p><input type="checkbox"/> Hyaluronic Acid 0.2%              <input type="checkbox"/> Pentoxifylline 2%                      <input type="checkbox"/> Sildenafil 8% <input type="checkbox"/> Naltrexone 0.03%                      <input type="checkbox"/> Phenytoin 3%                      <input type="checkbox"/> Sucralfate 5% <input type="checkbox"/> Nifedipine 0.2%                      <input type="checkbox"/> PRP adjunct therapy                      <input type="checkbox"/> Zinc Oxide 20%</p>		<p style="text-align: center;"><b>Step 4 (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><b>Qty:</b> <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"/> <b>Mucoadhesive Powder (g)</b>              <input type="checkbox"/> <b>Polox Spray (ml)</b> Sig: 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"/> <b>Wound care gel (g)</b> Sig: 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 # \_\_\_\_\_