

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;">Debridement</p> <p><input type="checkbox"/> Ointment <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"/> Skin Conditioning/Repair Cream</p> <p>Emu Oil 6% CoQ10 0.5% Hyaluronic Acid 0.5% Urea 10% Salicylic Acid 1.5% Aloe Vera 1%</p> <p>Qty: 80 grams Day Supply: 30 days Sig: Apply 0.5 - 1 gram to affected area 2-3 times daily.</p>	<p style="text-align: center;"><input type="checkbox"/> Keratolytic Cream</p> <p style="text-align: center;">Urea 20% Salicylic Acid 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"/> Wound Care Gel - Closure</p> <p style="text-align: center;">Sildenafil 8% Pentoxifylline 2% Hyaluronic Acid 0.2%</p> <p>Qty: Q.S. for wound size Day Supply: 14 days Sig: Apply 0.5 - 1 gram to affected area daily or as directed.</p>	<p style="text-align: center;">Wound Care Closure</p> <p><input type="checkbox"/> Powder <input type="checkbox"/> Gel</p> <p>Phenytoin 5% Hyaluronate 0.2% Metronidazole 1% Naltrexone 0.03% Nifedipine 0.2% Sucralfate 5% Iodoform 0.5%</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;"><input type="checkbox"/> Wound Care Gel - Closure</p> <p style="text-align: center;">Phenytoin 3% Pentoxifylline 2% Nifedipine 0.2% Naltrexone 0.03%</p> <p>Qty: Q.S. for wound size Day Supply: 14 days Sig: Apply 0.5 - 1 gram to wound bed daily or as directed.</p>
<p style="text-align: center;"><input type="checkbox"/> Pain Ointment</p> <p style="text-align: center;">*Note: Application to intact skin ONLY</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"/> Wound Care Gel – Fissure</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"/> Arthritis / Neuropathy / Sciatica - Cream</p> <p style="text-align: center;">Ketoprofen 15% Gabapentin 6% Clonidine 0.2% Lidocaine 5% PLUS <input type="checkbox"/> Pentoxifylline 5%</p> <p>Qty: 120gm Day Supply: 30 Apply 0.5 to 1 gram to affected area(s) 3 to 4 times daily.</p>
Custom Combinations		
<p>Step 1 (Antibacterial Selection) <input type="checkbox"/> Per Cultures</p> <p><input type="checkbox"/> Acyclovir 5% <input type="checkbox"/> Gentamicin 0.2% <input type="checkbox"/> Mupirocin 3% <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;">Step 3 (Pain Management)</p> <p><input type="checkbox"/> Lidocaine 2% <input type="checkbox"/> Prilocaine HCl 2%</p>
<p>Step 2 (Perfusion/Cell Growth/Misc)</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;">Step 4 (Debridement/Keratolytic)</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"/> Mucoadhesive Powder (g) <input type="checkbox"/> Polox Spray (ml) 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"/> Wound care gel (g) 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: _____

*Prescriber (Name/Signature) _____

*Phone # _____ *NPI/DEA # _____