



**McMAHAN PHARMACY  
SERVICES INC.**  
COMPOUNDING EXCELLENCE

Topical Pain Management and Sports Medicine

P:(800) 635-8825

F:(855) 899-4147

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Allergies: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**New Patients: Fax current insurance information with Rx**

Doctor Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DEA# \_\_\_\_\_ NPI # \_\_\_\_\_

Office Contact: \_\_\_\_\_

Office Phone: \_\_\_\_\_

**Arthritis/Joint Pain**

- Glutathione 20% cream
- Magnesium Chloride Hexahydrate 10% cream
- Naltrexone HCl 0.5 mg capsules
- Naltrexone HCl 4.5 mg capsules
- Ketoprofen 10% cream
- Ibuprofen 20% cream

**Inflammation**

- Ketoprofen 10% cream
- Piroxicam 5% cream
- Diclofenac Sodium 10% cream
- Ibuprofen 20%/Piroxicam 1% cream

**Neuropathic Pain**

- Ketoprofen 10%/Cyclobenzaprine HCl 1%/Gabapentin 6%/Lidocaine 2%/Prilocaine HCl 2%
- Diclofenac Sodium 5%/Gabapentin 5%/Amitriptyline HCl 2%

**Muscle Spasms**

- Guaifenesin 10%
- Magnesium Sulfate Heptahydrate 10%
- Guaifenesin 10%/Magnesium Sulfate Heptahydrate 10%
- Ketoprofen 10%/Baclofen 2%/Cyclobenzaprine HCl 2%/Tetracaine 2%
- Ketoprofen 10%/Cyclobenzaprine HCl 2%

**Painful Wounds**

- Arginine HCl 1%/Aloe Vera 0.2%/Misoprostol 0.0024%/Naltrexone HCl 1%/Phenytoin 2%
- Phenytoin 5%/Naltrexone HCl 1%
- Beta Glucan 0.5%/Naltrexone HCl 0.5%
- Aloe Vera 0.2%/Arginine HCl 1%/Misoprostol 0.0024%/Naltrexone HCl 1%

Constipation with Opioids

- Naltrexone HCl 0.5 mg capsule

Blisters/Corns/Callouses

- Pitch Ointment
- Blister Ointment
- Urea 20%
- Salicylic Acid 20%/Methanol 0.1%

Heel Spurs

- Ketoprofen 10%/Tizanidine HCl 0.2%/Bupivacaine HCl 1%
- Ketoprofen 10%
- Amitriptyline HCl 2%/Ketoprofen 2%/Carbamazepine 2%

Plantar Fasciitis

- Ketoprofen 10%/Cyclobenzaprine HCl 1%/Gabapentin 6%/Lidocaine 2%/Prilocaine HCl 2%
- Lidocaine 2%/Diclofenac Sodium 3%/Cyclobenzaprine HCl 2%/Baclofen 2%
- Piroxicam 5%

Fungus

- Ketoconazole 2%/Urea 40%/DMSO Nail Suspension
- Itraconazole 1%/Ibuprofen 2%/DMSO Nail Suspension
- Itraconazole 1%/DMSO Solution

OTHER

- Other: \_\_\_\_\_

20 GM

45 GM

60 GM

120 GM

SIG: Apply 1-2 GRAMS to affected area 4-6 times daily OR

SIG: \_\_\_\_\_

REFILLS:      1      2      3      4      5      prn

PRESCRIBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_