

Free Local Delivery

# HOLLY PARK PHARMACY

Most Insurance Accepted

Prescriber's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 PH ( ) \_\_\_\_\_ FAX ( ) \_\_\_\_\_  
 DEA# \_\_\_\_\_ NPI# \_\_\_\_\_

Patients Name \_\_\_\_\_  
 Patients DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Cell Phone ( ) \_\_\_\_\_

## ANTI-INFLAMMATORY CREAMS

(Arthritis, Back Pain, Plantar Fasciitis, Tendonitis, Musculoskeletal Pain, Fibromyalgia, TMJ)

Arthritis, Tendonitis, Plantar Fasciitis <input type="checkbox"/> <b>Ketoprofen 20% + Baclofen 2%</b> Cream	Musculoskeletal Pain <input type="checkbox"/> <b>Diclofenac 4% or [ ] Diclofenac 5%</b> Lipoderm™ Cream
Back Pain, Cervical Spine <input type="checkbox"/> <b>Ketoprofen 20% + Tetracaine 2% + Gabapentin 6% +          Cyclobenzaprine 2%</b> Cream	Musculoskeletal Pain, Inflammation <input type="checkbox"/> <b>Diclofenac 3% + Cyclobenzaprine 2% +          Baclofen 2% + Gabapentin 2% + Tetracaine 2%</b> Cream
Fibromyalgia <input type="checkbox"/> <b>Ketamine 10% + Baclofen 2% + Cyclobenzaprine 2% +          Gabapentin 6% + Diclofenac 3% + Tetracaine 2%</b> Cream	TMJ, Back Pain <input type="checkbox"/> <b>Ketamine 10% + Tetracaine 2% +          Gabapentin 6% + Diclofenac 3% +          Cyclobenzaprine 2%</b> Cream

## NEUROPATHIC PAIN CREAMS

(CRPS, Trigeminal Neuralgia, Diabetic Neuropathy)

General Neuropathic Pain <input type="checkbox"/> <b>Ketamine 10% + Baclofen 2% + Lidocaine 5% +          Cyclobenzaprine 2% + Gabapentin 6%</b> Cream	CRPS, Trigeminal Neuralgia <input type="checkbox"/> <b>Ketamine 10% + Clonidine 0.2% +          Amitriptyline 2% + Gabapentin 6%          + Diclofenac 3% + Tetracaine 2%</b> Cream
Peripheral Neuralgia <input type="checkbox"/> <b>Ketamine 10% + Baclofen 2%+ Amitriptyline 4%</b> Cream	Diabetic Neuropathy <input type="checkbox"/> <b>Ketamine 10% + Amitriptyline 2% +          Nifedipine 2% + Gabapentin 6% + Tetracaine 2%</b> Cream

### Check Box to Customize or Add Any Formulation

Acyclovir 5%    Nifedipine 2%    Imipramine 3%    Ketorolac 0.5%    Magnesium HCL 5%  
 Baclofen 2%    Orphenadrine 5%    Tetracaine 2%    Lidocaine 2%    Clonidine 0.2%    Diclofenac 3%    Cyclobenzaprine 2%

Dispense:  120gm    240gm    \_\_\_\_\_ gm   Refills: \_\_\_\_\_   SIG: \_\_\_\_\_

Prescriber Signature \_\_\_\_\_

**SAMPLE ONLY**

HOLLY PARK PHARMACY  
 3004 Wake Forest Road #112  
 Raleigh N.C. 27609  
 PHONE: (919)865-9993  
 Fax: (919)865-9998