



Sterile & Non-Sterile Compounding

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402-408-0015 • FAX: 402-408-0020

Patient Name: _____

Allergies: _____

Date: _____ DOB: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

COMBINATION ANTI-INFLAMMATORY AND NEUROPATHIC TRANSDERMAL PAIN CREAMS

_____ Meloxicam 0.09% / Lamotrigine 2.5% / Lidocaine 2% / Prilocaine 2%

_____ Flurbiprofen 10% / Cyclobenzaprine 2% / Gabapentin 6% / Lidocaine 2% / Prilocaine 2%

ANTI-INFLAMMATORY- PAIN CREAMS

_____ Flurbiprofen 10% / Cyclobenzaprine 2% / Lidocaine 2% / Prilocaine 2%

_____ Meloxicam 0.09% / Lidocaine 2% / Prilocaine 2%

_____ Ketoprofen 10% / Lidocaine 2% / Prilocaine 2%

NEUROPATHIC - PAIN CREAMS

_____ ** Ketamine 10% / Amitriptyline 2% / Gabapentin 6% / Lidocaine 2% / Prilocaine 2%

_____ ** Ketamine 10% / Amitriptyline 2% / Lidocaine 2% / Prilocaine 2%

_____ ** Ketamine 10% (in lipoderm)

** RE-WRITTEN MANDATORY FOR KETAMINE: _____

Sig/Directions: _____ Qty: _____ Date: _____

These directions pertain to all the above compounds:

Directions: Apply 1-2 pump (0.5-1gm) topically up to three times daily

QTY: 60gm

M.D. Signature: _____ Date: _____

DEA#: _____ Phone: _____

Fax Order to 402-408-0020