

Cambridge Location – 182 Pinebush Road
P 548-288-4088 | F 1-888-999-4831

Waterloo Location - 520 University Avenue West
P 519 744 2200 | F 519 744 2203

PATIENT INFORMATION		
Name	Date of Birth	
Address	City	Phone

PHYSICIAN INFORMATION		
Name	CPSO	
Address	City	Phone

JOINT & MUSCLE PAIN	
KETOPROFEN 10% CREAM <i>APPLY TO THE AFFECTED AREA THREE TIMES DAILY</i>	
PIROXICAM 4% CREAM <i>APPLY TO THE AFFECTED AREA ONCE DAILY</i>	
KETAMINE 10%, KETOPROFEN 10% CREAM <i>APPLY TO THE AFFECTED AREA THREE TIMES DAILY</i>	
KETAMINE 10%, KETOPROFEN 10%, BACLOFEN 2%, DMSO 3% CREAM <i>APPLY TO THE AFFECTED AREA THREE TIMES DAILY</i>	

NEUROPATHIC PAIN	
Ketoprofen 7.5%, Amitriptyline 5%, Lidocaine 5% Cream <i>Apply to the affected area three times daily</i>	
Ketamine 10% Gabapentin 5%, Lidocaine 5% Cream <i>Apply to the affected area three times daily</i>	
Ketamine 10%, Gabapentin 5%, Amitriptyline 5%, Lidocaine 5% Cream <i>Apply to the affected area three times daily</i>	
<u>Diclofenac Sodium 3%/Baclofen 2%/Cyclobenzaprine HCl 2%/Gabapentin 6%/Lidocaine HCL 2%/Ketamine HCl 10%</u> Topical Lipoderm® <i>Apply to the affected area three times daily</i>	
<u>Ketamine 10%/Gabapentin 6%/Clonidine 0.2%/Lidocaine HCl 2% Topical Lipoderm®</u> <i>Apply to the affected area two or three times daily</i>	

<p>Rx</p> <p>Mtte: 30, 50, 100 grams</p> <p>Refills: 1, 2, 3, 4, 5</p> <p>Total Authorization: _____ grams</p> <p>Dispense _____ grams every 30 days</p>	<p>Special Instructions for Pharmacist:</p>
<p>Signature:</p>	<p>CPSO #</p>