

2222 Indiana Ave.
Lubbock, TX 79410

Patient Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Date of Birth: _____

Allergies: _____

Prescriber Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

DEA: _____ NPI: _____

NEUROPATHY/ PAIN/ ARTHRITIS

-
- Ketoprofen 10%, Cyclobenzaprine 1%, Gabapentin 6%,
-
- Tetracaine 2% in Lipoderm

Apply to affected area and massage thoroughly 3-4 times daily.
If irritation occurs, decrease use to every other night.Dispense 60gm 100gm 200gm

Refill 1 2 3 4 5

Additional Instructions: _____

NALTREXONE

-
- Naltrexone 1.5mg capsule (Starting titration dose)

Take 1 capsule PO daily for 2 weeks, then 2 capsules PO daily for 2 weeks,
the increase to one 4.5mg capsule daily.Dispense 42 capsules

-
- Naltrexone 4.5mg capsule

-
- Naltrexone _____ mg capsule

Take _____ capsule PO _____ times daily.

Dispense _____ capsules.

Refill 1 2 3 4 5

Additional Instructions: _____

DELIVERY

-
- Mail to Patient
-
-
- Pick up at Ivy
-
-
- Deliver to Patient

PROVIDER SIGNATURE: _____**DATE:** _____