QUICK ORDER FORM: TOPICAL PAIN MANAGEMENT/PODIATRY

Patient Full Name:	Patient DOB:		Date:	
Patient Address:	City:		State:	Zip code:
Please check boxes of drugs you'd li ingredients provided				
Nifedipine (typical Pentoxifylline (typical DMSO (typical ran	1 range 2.5-10%) range 2-10%) range 2-10%) 1 range 2-10%) range 2-10%) range 10-15%) range 2-3%) range 10-15%) range 0.5-8%) range 0.5-8%) range 10-20%) state the affected are		pathic Pain) chic and Inflant chic and Inflant pathic/Inflamm athic/Inflamm arthritis/Inflamm cle Relaxant) xant) Tissue Disord ce Blood Flow) a Penetration I grams (circle crs as needed.	nmatory Pain) mation/Fibromyalgia) ation/Fibromyalgia) nation) nmation) ders/Enhance Circulation) ers/Enhance Circulation) Enhancer) one/complete quantity)
Refills: 1 2 3 4	5 6	PRN NONE	(CIRCLE A	UTHORIZED REFILLS)
Physician Name:	I	IPI or DEA:		
Office Address: Office Phone Number:				
Signature:				