



NewEra Pharmacy - *Compounding Professionals*

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Pain Management Prescription Order Form

Patient Name:		DOB	
Address	City	State	Zip
Phone ()	Phone ()	Drug Allergies	
<input type="checkbox"/> Patient to pick up	<input type="checkbox"/> Ship to patient	Patient email:	

Please circle desired ingredients:

Anti-inflammatories – (No more than 2)

- Bromelain 4%
- Diclofenac 10%
- Hydrocortisone 0.5%
- Indomethacin 5%
- Ketoprofen 15%
- Piroxicam 2%

Anesthetics - (Choose one)

- Bupivacaine 0.5%
- Benzocaine 10%
- Lidocaine 5%
- Procaine 2%
- Prilocaine 2.5%
- Tetracaine 4%

Neuroleptics

- Amitriptyline 2%
- Baclofen 2%
- Clonidine 0.2%
- Carbamazepine 2%

Muscle Relaxants

- Hypericum oil 10%
- Magensium Gluconate 10%
- Cyclobenzaprine 1%

Improved Blood Flow/Oxidation

- Alpha Lipoic Acid 1%
- Nifedipine 5%
- Arginine 4%

Sig: _____

Dispense: 30gm 60gm 120gm 240gm Refill: _____ times PRN
 Naltrexone _____ mg Disp # _____ Refill _____ Sig: 1 cap PO QHS on empty stomach

Doctor: _____ Date: _____ DEA# _____

Phone: _____ Address: _____

FAX to NewEra Pharmacy 503-222-4868