

U Save It Pharmacy - Peach Valley

2310 Chesnee Hwy,
Spartanburg, SC 29303
P: 864-577-0087 F:864-577-0599



Patient Name: _____ DOB: _____ Phone #: _____
Address: _____ City/State/Zip: _____

COMPOUNDED MEDICATION	STRENGTH	DISPENSE	DIRECTIONS	REFILLS
<u>Inflammatory Pain:</u>				
Ketoprofen – Lipoderm Cream	<input type="checkbox"/> 10% <input type="checkbox"/> _____	<input type="checkbox"/> 60gm tube <input type="checkbox"/> _____	Apply a thin layer to affected area up to three times a day. **Rub in well** External use only.	
Ibuprofen – Lipoderm Cream	<input type="checkbox"/> 20% <input type="checkbox"/> _____	<input type="checkbox"/> 60gm tube <input type="checkbox"/> _____	Apply a thin layer to affected area up to three times a day. **Rub in well** External use only.	
<u>Musculoxkeletal/Inflammatory Pain</u>				
Ketoprofen/Cyclobenzaprine – Lipoderm ActiveMax Cream	<input type="checkbox"/> 10 / 2% <input type="checkbox"/> _____	<input type="checkbox"/> 60gm tube <input type="checkbox"/> _____	Apply a thin layer to affected area up to three times a day. **Rub in well** External use only.	
<u>Neuropathic Pain:</u>				
Diclofenac Sodium / Gabapentin / Amitriptyline HCL - Lipoderm ActiveMax Cream	<input type="checkbox"/> 5 / 5 / 2% <input type="checkbox"/> _____	<input type="checkbox"/> 60gm tube <input type="checkbox"/> _____	Apply a thin layer to affected area up to three times a day. **Rub in well** External use only. **Refrigerate**	
Ketamine HCL/ Gabapentin / Clonidine HCL/ Baclofen – Lipoderm Cream	<input type="checkbox"/> 5/10/0.2/2% <input type="checkbox"/> _____	<input type="checkbox"/> 60gm tube <input type="checkbox"/> _____	Apply a thin layer to affected area up to three times a day. **Rub in well** External use only.	
<u>CUSTOM RX:</u>				

Please fax orders to 864-577-0599

Please check all boxes you wish to add and write in strength if custom dose is desired

Doctor Name (Printed): _____ DEA: _____ Phone: _____

Dispense as Written

Substitution Permitted