

Patient

DOB

Health No

Date

Rx: Please provide the following prescription in FoamaDerm. "Please do not substitute with any other base".

Sig: Apply topically to the affected area TID prn.

Quantity: 50 g 100 g

Refill:

Single Agent

Diclofenac 2% 3%

Amitriptyline 2%

Ketoprofen 2% 3%

Ketamine 2% 3% 4%

Lidocaine 2% 3%

Menthol 1%

Diclofenac Combinations

Diclofenac 3% - Menthol 1%

Diclofenac 3% - Lidocaine 1%

Diclofenac 3% - Lidocaine 2%

Ketoprofen Combinations

Ketoprofen 3% - Menthol 1%

Ketoprofen 3% - Lidocaine 1%

Ketamine Combinations

Ketamine 2% - Lidocaine 1%

Ketamine 2% - Lidocaine 2%

Ketamine 3% - Lidocaine 1%

Prescriber:

