

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%

Ketoprofen 3% - Lidocaine 2%

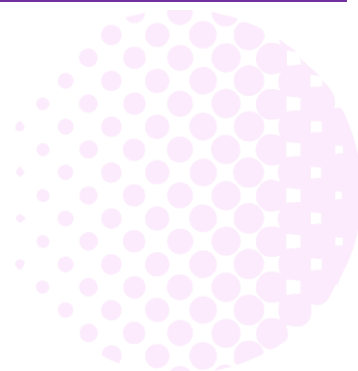
Ketamine Combinations

Ketamine 2% - Lidocaine 1%

Ketamine 2% - Lidocaine 2%

Ketamine 3% - Lidocaine 1%

Prescriber:



Instructions for patient:

Please take your prescription to your pharmacy. Your medication is a compounding product and it will take time by your pharmacy to be prepared. After your prescription compounded please keep in at room temperature and out of reach of children. Follow your physician's direction for use.

Instructions for Pharmacy team:**Compounding instructions:**

Add required amount(s) of ingredient(s) to the FoamaDerm bottle. There is no need for any levigating agents or solvents.

Close the cap and gently tap/swirl the container. There is no need for continuous or vigorous shaking. A clear liquid will be formed within 15-20 minutes.

Foam will be dispensed upon pressing the actuator.

Beyond use date:

The compounded product listed at the front page is stable for 3 month at room temperature.

Ordering:

To order please visit www.rstherapeutics.com or call 1.877.336.2623.

