



Strohecker's Pharmacy – *Compounding Professionals*

1286 SE Holgate Blvd C-1 Portland, OR 97202 PHONE 503-222-4822 FAX 503-222-4868

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%
 Gabapentin 6%
 Ketamine 10%

Muscle Relaxants

Hypericum oil 10%
 Magnesium 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 Strohecker's Pharmacy 503-222-4868