

BLACKBURN DRUG

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BLACKBURNDRUG.COM
545 N CACHE - UNIT 10-S JACKSON WY 83001

PATIENT NAME _____ DOB _____
ADDRESS _____ PHONE _____
ALLERGIES _____

- Ketoprofen/DMSO 10%/10% Cream
 - Apply to affected area 2-3 times daily as needed
 - #30 grams
 - Anti-inflammatory
 - Refills _____

- Ketoprofen/Gabapentin/Baclofen/Tetracaine 10%/5%/2%/2% Cream
 - Apply to affected area 2-3 times daily as needed
 - #30 grams
 - Anti-inflammatory, Anti-neuropathic, Muscle relaxant, Analgesic
 - Refills _____

- Amitriptyline/Clonidine/Gabapentin/ketoprofen/Tetracaine 2/0.2/5/10/2 % Cream
 - Apply to affected area 2-3 times daily as needed
 - #30 grams
 - Anti-inflammatory, Anti-neuropathic, Muscle relaxant, Analgesic
 - Refills _____

- Nifedipine 2% Ointment
 - Apply to affected area 2-3 times daily especially prior to exposure
 - #30 grams
 - Vasodilator
 - Refills _____

PHYSICIAN NAME _____ DATE _____
SIGNATURE _____ DEA _____