Your physician has prescribed a topical cream to treat your pain and inflammation. Please review the following information about your prescription.

**HOW DO I FILL MY PRESCRIPTION?**

- In most cases, your physician’s office will fax your prescription directly to Smart Pharmacy. A Smart Pharmacy Registered Pharmacy Technician will begin processing your prescription and contact you by phone.
- Please leave a good contact number for calling or texting in order to expedite your order.
- With your approval, the prescription will be shipped directly to your home or business at no charge.

**WILL INSURANCE COVER MY SMART PHARMACY PRESCRIPTION?**

- Most commercial insurance plans cover topical preparations with a reasonable co-pay.
- Smart Pharmacy will verify your coverage and discuss your co-pay obligation. This obligation can be paid over the phone via credit card or submitted with the invoice included when you receive your prescription.
- If your insurance does not cover compounded formulations, you can choose to purchase the medication or an alternative at an affordable price. A Smart Pharmacy representative will discuss all available options.

**WHO IS SMART PHARMACY?**

Smart Pharmacy is a modernized compounding and retail pharmacy that specializes in transdermal creams to treat pain and inflammation. We also make natural hormones and vitamin supplements specific to a patient’s nutritional needs. Smart Pharmacy has a successful history working with patients and physicians to address specific needs that can’t be met with current manufactured products.

**CAN I FILL MY OTHER PRESCRIPTIONS AT SMART PHARMACY?**

YES. Smart Pharmacy has a full line of retail prescriptions and can ship them directly to your door.

**WHAT IF I HAVE ADDITIONAL QUESTIONS?**

Call our dedicated customer service staff at 904-361-3861. Our pharmacists are available from 9am–6pm Monday through Friday for patient consults to ensure you achieve maximum results when applying the cream.

This patient information sheet was prepared and provided by Smart Pharmacy as an educational service to the community. If you receive instructions from your physician that differ from the information on this patient information sheet, you should always follow your physician’s instructions.
### Pain Therapy

**PLEASE ATTACH PATIENT DEMOGRAPHIC**

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Last</td>
</tr>
<tr>
<td>Allergies:</td>
<td>SS#:</td>
</tr>
<tr>
<td>Patient Phone#:</td>
<td>Cell Phone#:</td>
</tr>
<tr>
<td>Insurance Company:</td>
<td>Member ID#:</td>
</tr>
</tbody>
</table>

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### Transdermal Pain Formulas

**OCCIPITAL PAIN CREAM**
- Sumatriptan 9% serotonergic
- Bupivacaine 1% anesthetic
- Lidocaine 5% anesthetic
- Clonidine 0.2% analgesic
- Magnesium 2% muscle relaxer
- Duloxetine 1% neuropathic

Apply 1/2 pump to back of neck at onset of headache. Reapply in 2 hours if no relief. Max 1 pump (1.5 grams) daily. Do not use if you have coronary heart disease or uncontrolled blood pressure.

**MUSCULOSKELETAL CREAM**
- Lidocaine 5% anesthetic
- Ketoprofen 5% anti-inflammatory
- Loperamide 5% analgesic
- Gabapentin 5% neuropathic
- Cyclobenzaprine 2% muscle relaxer
- Clonidine 0.2% analgesic
- Duloxetine 1% neuropathic

**NEURO-NC CREAM**
- Amantadine 8% anesthetic
- Gabapentin 10% neuropathic
- Baclofen 2% anti-spastic
- Clonidine 0.2% analogic
- Magnesium 2% muscle relaxer
- Duloxetine 1% neuropathic

**ORTHO CREAM**
- Flurbiprofen 15% anti-inflammatory
- Lidocaine 5% anesthetic
- DMSO 10% penetrating agent
- Loperamide 5% analgesic
- Triamcinolone 0.1% anti-inflammatory steroid

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### Transdermal Wound Formulas

**WOUND CARE GEL**
- Phenytoin 5% tissue regeneration
- Misoprostol 0.0024% tissue softening/dilation
- Aloe Vera 1% Moisturizer
- Prilocaine 2% anesthetic
- Levofloxacin 2% antibiotic
- Metronidazole 2% antibiotic
- Vancomycin 5% antibiotic
- Itraconazole 1% antifungal

**SCAR GEL**
- Gabapentin 15% neuropathic
- Prilocaine 3% anesthetic
- Pentoxifylline 0.5% anti-fibrotic
- Fluticasone Propionate 1% steroid
- Levocetirizine Dihydrochloride 2% antihistamine

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### Transdermal Scar Formula

All pumps deliver 1.5 grams of active gel. Up to 1.5 grams may be used per application. Apply 1-2 pumps directly to scar 2 times daily.

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### Wellnes Information

**B12** (2.5mg Methylcobalamin) plus Folic Acid (5mg Methyltetrahydrofolate) as a Sublingual Tablet

Sig: Dissolve one tablet under the tongue every morning.

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### Prescription Information

For pain formulas four hundred eighty grams (Occipital formula fifty grams) (Wound formulas three hundred sixty grams) (Scar formula one hundred eighty grams) per thirty day supply will be shipped by default if no Qty chosen. For Smaller areas ___ g

Prescription compounds - 30 day supply with 11 refills (standard) or __________ refills.

**Physician Name:** __________________________  **DEA#** __________________________

**Address:** __________________________________________________________

**Physician Signature:** __________________________  **Date:** __________________________  **Office#** __________________________
COMMON FORMULAS CONTAINING CONTROLLED SUBSTANCES - REFERENCE

PAIN RELIEF CREAM
- Ketamine 5% *anesthetic* - Gabapentin 10% *neuropathic*
- Baclofen 2% *anti-spastic* - Clonidine 0.2% *analgesic*

NEURO-CREAM
- Ketamine 15% *anesthetic* - Gabapentin 6% *neuropathic*
- Ketoprofen 5% *anti-inflammatory* - Lidocaine 1% *anesthetic*
- Clonidine 0.2% *analgesic*

Additions:
- Tramadol 5%
- Methadone 5%
- Morphine 5% plus Diphenhydramine and Triamcinolone
- Morphine 10% plus Diphenhydramine and Triamcinolone

*Narcotic compounds, 30 day supply with no refills (requires blue fraud proof Rx mailed to pharmacy)*