

Wilkes Family Pharmacy

1300-A Westwood Lane

Wilkesboro, NC 28697

Phone- (336) 667-9347 Fax- (336) 667-9350

Certified in Pharmaceutical Compounding

Compounds Available on Prescription:



Patient Name _____

Date _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Clonidine PLO Gel () 0.75% () 0.15% () 0.2% | 30g or _____ | |
| <input type="checkbox"/> Flurbiprofen 5% PLO Gel | 30g or _____ | |
| <input type="checkbox"/> Gabapentin 5% PLO Gel | 30g or _____ | |
| <input type="checkbox"/> Gabapentin 5% Enhanced Solution (dabber bottle) | 60 ml | |
| <input type="checkbox"/> Gabapentin 5% Clonidine 0.1%/Lidocaine 4% Roll on | 60 ml | |
| <input type="checkbox"/> Ketoprofen 10% PLO Gel | 30g or _____ | |
| <input type="checkbox"/> Ketoprofen 4% Anhydrous Gel | 30g or _____ | |
| <input type="checkbox"/> Ketoprofen 10% Enhanced Solution (dabber bottle) | 60ml | |
| <input type="checkbox"/> Ketoprofen 10%/ Baclofen 5% Gel | 30g or _____ | |
| <input type="checkbox"/> Ketoprofen 4%/ Gabapentin 5% Anhydrous Gel | 30g or _____ | |
| <input type="checkbox"/> Ketoprofen 4%/ Gabapentin 5% Enhanced Solution (dabber) | 30g or _____ | |
| <input type="checkbox"/> Ketoprofen 4%/ Amitriptylline 2%/ Carbamazepine 2% Gel | 30g or _____ | |
| <input type="checkbox"/> Piroxicam 1%/ Ibuprofen 20% Gel | 30g or _____ | |
| <input type="checkbox"/> Piroxicam 1%/ Ibuprofen 20%/ Cyclobenzaprine 1% PLO | 30g or _____ | |
| <input type="checkbox"/> Piroxicam 1%/ Ibuprofen 20%/ Baclofen 5% PLO | 30g or _____ | |
| <input type="checkbox"/> Gunnethidine 1%/ Lidocaine 4% Spray | 60 ml | |
| <input type="checkbox"/> Promethazine Gel 6.25, 12.5, 25, 50 mg | | |
|
<input type="checkbox"/> Custom Rx | | |
| <input type="checkbox"/> Ketoprofen _____% | <input type="checkbox"/> Flurbiprofen _____% | <input type="checkbox"/> Ibuprofen _____% |
| <input type="checkbox"/> Piroxicam _____% | <input type="checkbox"/> Diclofenac _____% | |
| <input type="checkbox"/> Baclofen _____% | <input type="checkbox"/> Cyclobenzaprine _____% | |
| <input type="checkbox"/> Clonidine _____% | <input type="checkbox"/> Gabapentin _____% | <input type="checkbox"/> Amitriptylline _____% |
| <input type="checkbox"/> Carbamazepine _____% | | |
| <input type="checkbox"/> Ketamine _____% | | |
| <input type="checkbox"/> PLO Gel | <input type="checkbox"/> Anhydrous Gel | <input type="checkbox"/> Enhanced Solution |
| (a creamy gel) | (a clear gel) | (in dabber or roll-on bottle) |

Product Selection Permitted

Dispense as Written

Dr. Name _____

Phone # _____