DELTADRUGS

Pain Management Compounds

437 Fernando Court • Glendale, CA 91204 • **MAIN:** 818.309.2884 • **FAX:** 818.309.1704 • www.deltadrugs.com

RESET FORM

PATIENT INFORMATION

Patient Name: _____ Patient SSN#: _____

Address: _____
Address, City, State, Zip Code

Phone #: _____ 2nd Phone #: _____ Date of Birth: _____ Gender: ❑ Male ❑ Female

Weight (lbs): _____ Height (in.): _____ Allergies: _____

Primary Insurance: _____ Secondary Insurance: _____

ID#: _____ Phone #: _____ ID#: _____ Phone #: _____

FAX COPY OF INSURANCE CARD (FRONT & BACK)

MEDICATION	COMPOSITION	APPLY ON AFFECTED AREA OF	DIRECTIONS	QTY	REFILLS
❑ KETOPROFEN 10% TOPICAL LIPODERM	Ketoprofen 10% PCCA Lipoderm QS 100 g	❑ _____ ❑ _____ ❑ _____	❑ QD ❑ BID ❑ TID ❑ QID	❑ 100 g	
❑ CETYL MYRISTOLEATE 2% TOPICAL LIPODERM	Cetyl Myristoleate 2% PCCA Lipoderm QS 80 g	❑ _____ ❑ _____ ❑ _____	❑ QD ❑ BID ❑ TID ❑ QID	❑ 100 g	
❑ KETAMINE 5% / GABAPENTIN 10% / CLONIDINE HCL 0.2% / BACLOFEN 2% TOPICAL LIPODERM	Ketamine 5% Gabapentin 10% Clonidine HCL 0.2% Baclofen 2% PCCA Lipoderm QS 30 mL	❑ _____ ❑ _____ ❑ _____	❑ QD ❑ BID ❑ TID ❑ QID	❑ 30 mL	
❑ DICLOFENAC SODIUM 1% TOPICAL LIPODERM	Diclofenac Sodium 1% PCCA Lipoderm QS 100 g	❑ _____ ❑ _____ ❑ _____	❑ QD ❑ BID ❑ TID ❑ QID	❑ 100 g	
❑ EMLA / GABAPENTIN 10% / CLONIDINE HCL 0.2% / BACLOFEN 2%	EMLA 30 g Gabapentin 10% Clonidine HCL 0.2% Baclofen USP 2%	❑ _____ ❑ _____ ❑ _____	❑ QD ❑ BID ❑ TID ❑ QID	❑ 30 g	

PHYSICIAN INFORMATION

Physician Name: _____ Contact: _____ NPI#: _____

Address: _____
Address, City, State, Zip Code

Phone #: _____ Fax#: _____ Email: _____

Physician's Signature: _____ Date: _____ ❑ Dispense As Written

I AUTHORIZE DELTA DRUGS AND ITS REPRESENTATIVES TO ACT AS AN AGENT TO INITIATE AND EXECUTE THE INSURANCE PRIOR AUTHORIZATION PROCESS.
I ALSO UNDERSTAND THAT THE FDA DOES NOT REVIEW ANY COMPOUNDED MEDICATION FOR SAFETY OR EFFICACY.