

FAX NUMBER: _____

EBM ID _____

STEP 1

COMPLETE PATIENT INFO

Patient Name _____

Cell Phone # _____ Date of Birth _____

Email _____ MM / DD / YYYY

Address _____

Allergies _____

STEP 2

SELECT FORMULATION

Topical Pain Cream

Neuropathic Pain

P2 Gabapentin 5%, Amitriptyline 3%, Clonidine 0.2%, Lidocaine 5% in Salt Stable LS Advanced Cream

Anti-Inflammatory Pain

P23 Meloxicam 1%, Baclofen 2%, Lidocaine 5% in Salt Stable LS Advanced Cream

Neuropathic/Anti-Inflammatory Pain

P6 Diclofenac 4%, Lidocaine 5%, Gabapentin 5%, Pentoxifylline 3%, Clonidine 0.2%, Amitriptyline 3% in Salt Stable LS Advanced Cream

Fibromatosis

P55 Verapamil 15%, Diclofenac 3%, Lidocaine 5% in Salt Stable LO Cream

SIG Apply to the treatment area 1-3 times daily.

Refills PRN Other _____ **Qty** 90 gms

Scar Cream

S1 Lidocaine 5%, Verapamil 5%, Pentoxifylline 0.5%, Hyaluronic Acid 0.5%, Fluticasone Propionate 0.05% in Sanare Advanced Scar Cream

Hyperpigmented

S2 Hydroquinone 4%, Fluocinolone 0.01%, Tretinoin 0.05%, Kojic Acid 6%, Lipoic Acid 3% in Sanare Advanced Scar Cream

SIG Apply to target area once daily

Refills PRN Other _____ **Qty** 30 gms

iontoPatch Iontophoretic Patch

4mg/mL DEXAMETHASONE for injection (2 x 5 ml vials) PLUS 6 Patches (select 1 below)

4 hr STAT (80mA-min) PATCH



14 hr 80 (80 mA-min) PATCH



Ideal Location Feet-Elbows-Knees-Wrists-Shoulders

ADD Adapta-cap Syringe 1-unit

SIG Apply per instructions every other day for prescribed amount of time.

Refills PRN Other _____

Other SIG/QTY

Anti-Fungal Cream

N1 Amphotericin B 3%, Terbinafine 1%, Urea 20%, Thymol 4% in Recura Cream

SIG Apply to infected area once daily.

Refills PRN _____ **Qty** 30 gms



Antifungal Solution

Active Ingredient: Tolnaftate 1%
Inactive Ingredients: Ethyl Acetate, Isopropyl Alcohol, Isopropyl Myristate, Propylene Glycol, Water.

Qty 7.5 mls

Antifungal Eradication Nail/Skin Renewal Kit

Antifungal/Nail Renewal Solution (7.5 ml)

Antifungal/Skin Renewal Cream (20 gm)

Antifungal/Antibacterial Shoe Spray (80 ml)

Refills PRN or _____

SIG Apply twice per day or **Other SIG** _____

Wart Formula

W1 Cimetidine 5%, 5-Fluorouracil 5%, Salicylic Acid 10%, IBU 10% in Collodion Solution

SIG Cover affected area twice daily

Refills PRN or _____ **Qty** 15 mls

Hyperhidrosis & Rough-Dry Feet

H5 Glycopyrrolate 1%, Zinc Oxide 5%, Aluminum Chloride 12% in a transdermal base

SIG Apply half pump to each foot daily or as directed by your doctor

Refills PRN or _____ **Qty** 30 gms

R1 Urea 40%, Lactic Acid 10% in an advanced transdermal cream

SIG Apply to the treatment area 1-3 times daily.

Refills PRN or _____ **Qty** 90 gms

Circulation/Diabetic Toes/Raynaud's Phenomenon

T1 Nifedipine 8%, Pentoxifylline 8% Cream

SIG Apply 1-2 gm to affected area 3-4 times daily

Refills PRN or _____ **Qty** 90 gms

STEP 3

COMPLETE PROVIDER INFO

FAX TO

HCP Name	NPI #	DEA #	HCP Name	NPI #	DEA #
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____

Office Contact Name _____ Phone _____ Fax _____

Address _____

SIGNATURE

Signature or Stamp Acceptable

Date

FAX:

Phone: 1-844-360-4095

Email: support@EBMmedical.com

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PATIENT
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STEP 2
SELECT
PRODUCT

Peripheral Neuropathic Complications

- EB-N3^{DR}** L-methylfolate Calcium 6mg, Methylcobalamin 4mg, Pyridoxal 5-Phosphate 70mg, Riboflavin 1.3mg
Sig 1 capsule PO QD **Qty** #90 Capsules (3 month supply)

- EB-N5^{DR}** L-methylfolate Calcium 6mg, Methylcobalamin 4mg, Pyridoxal 5-Phosphate 70mg, Alpha Lipoic Acid 600mg, 5000 IU Vitamin D3
Sig 2 Capsules PO QD **Qty** #180 Capsules (3 month supply)

- EB-N6^{DR}** L-methylfolate Calcium 6mg, Methylcobalamin 4mg, Pyridoxal 5-Phosphate 70mg, Alpha Lipoic Acid 600mg, Benfotiamine 300mg
Sig 2 Capsules PO QD **Qty** #180 Capsules (3 month supply)

REFILLS PRN or other _____ **OTHER SIG** _____

Arthritic Inflammation

- EB-A7** Tumeric Curcumin 95% 750mg, SAM-e 600mg, Hyaluronic Acid 200mg, Boswellia Extract 65% 100mg, Hydrolyzed Type II Collagen 40mg, Bioperine 5mg
Sig 1 capsule TID w/ food **Qty** #270 Capsules (3 month supply)

REFILLS PRN or other _____ **OTHER SIG** _____

CBD Cream

- EB-C4** Cannabidiol 3% (0% THC), Beta-Caryophyllene 3%, Myrcene 3%, Arnica 2%, MSM 2% in HRT Heavy Base
Other Ingredients: Aloe Vera, Allantoin, Black Seed Oil, Camphor, Caster Oil, Cetearyl Alcohol, Ethylhexyl Glycerin, Eucalyptus, Glyceryl Stearate, Horse Chestnut Extract, HRT Heavy™ Transdermal Base, Hydrolyzed Oat Protein, Jojoba Oil, Kaolin Clay, Peppermint, Potassium Sorbet, Propanediol, Prunella Vulgaris Extract, Rosemary Seed Extract, Silver Citrate, Stearic Acid, Zinc Oxide.
Sig Apply 1-4 times daily. **Qty** 100 gms

OTHER SIG _____

Nail and Skin

- EB-L1** L-methylfolate Calcium 0.5mg, Cyantine™ (Keratin) HNS 500mg, Biotin-D 10mg, Choline Stabilized Orthosilicic Acid 10mg, Hydrolyzed Type I Collagen 50mg
Sig 1 capsule PO QD **Qty** #90 Capsules (3 month supply)

REFILLS PRN or other _____ **OTHER SIG** _____

Bone and Soft Tissue Healing

- EB-S4** Calcium Citrate 1200mg, Magnesium Bisglycinate TRAACS 500mg, 10,000 IU Cholecalciferol, Zinc Bisglycinate Chelate TRAACS 50mg
Sig 1 capsule TID w/ food **Qty** #270 Capsules (3 month supply)

REFILLS PRN or other _____ **OTHER SIG** _____

STEP 3
COMPLETE
PROVIDER
INFO

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HCP Name	NPI #	DEA #	HCP Name	NPI #	DEA #
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____
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<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	_____	_____

Office Contact Name _____ Phone _____ Fax _____

Address _____

SIGNATURE

Signature or Stamp Acceptable Date

FAX: _____ | Phone: 1-844-360-4095 | Email: support@EBMmedical.com