New Order/Prescription Fax Form
FAX NUMBER: 844-929-0599

EBM MEDICAL

STEP 1
COMPLETE PATIENT INFO

Patient Name _____ Birthdate _____ EBM ID _____
Cell Phone _____ Email _____
Street Address _____
Allergies _____

STEP 2
SELECT PRODUCT

Topical Creams in Salt Stable LS Advanced Transdermal Cream

Neuropathic Pain

☐ **P2** Gabapentin 5%, Amitriptyline 3%, Clonidine 0.2%, Lidocaine 5%
☐ **P2x** Gabapentin 5%, Amitriptyline 3%, Clonidine 0.2%, Lidocaine 5%, Ketamine 10%

Anti-Inflammatory Pain

☐ **P23** Meloxicam 1%, Baclofen 2%, Lidocaine 5%
☐ **P3** Diclofenac 3%, Baclofen 2%, Lidocaine 5%
☐ **P3x** Diclofenac 3%, Baclofen 2%, Lidocaine 5%, Ketamine 5%

Neuropathic/Anti-Inflammatory Pain

☐ **P6** Diclofenac 4%, Lidocaine 5%, Gabapentin 5%, Pentoxifylline 3%, Clonidine 0.2%, Amitriptyline 3%
☐ **P7** Diclofenac 3%, Lidocaine 2%, Gabapentin 5%, Amitriptyline 2%, Clonidine 0.2%, Amantadine 8%
☐ **P7x** Diclofenac 3%, Lidocaine 2%, Gabapentin 5%, Amitriptyline 2%, Clonidine 0.2%, Ketamine 10%
☐ **P9x** Ketamine 5%, Cyclobenzaprine 2%, Baclofen 2%, Lidocaine 5%, Ketoprofen 10%
☐ **P10x** Diclofenac 5%, Baclofen 2%, Bupivacaine 2%, Cyclobenzaprine 2%, Gabapentin 6%, Ibuprofen 5%, Ketamine 10%

Fibromatosis

☐ **P5** Verapamil 15%, Diclofenac 3%
☐ **P55** Verapamil 15%, Diclofenac 3%, Lidocaine 5%

Circulation/Raynaud's/Diabetic Toes

☐ **T1** Nifedipine 8%, Pentoxifylline 8%
☐ **T2** Nifedipine 16%

Rough/Dry Feet

☐ **R1** Urea 40%, Lactic Acid 10%

SIG Apply a nickel size amount to the treatment area 1-3 times daily **Qty 90 gms** **REFILLS** ☐ **PRN** ☐ _____

Scar in Sanare Advanced Scar Cream

☐ **S1** Lidocaine 5%, Verapamil 5%, Pentoxifylline 0.5%, Hyaluronic Acid 0.5%, Fluticasone Propionate 0.05%
☐ **S2** Hydroquinone 4%, Fluocinolone 0.01%, Tretinoin 0.05%, Kojic Acid 6%, Lipoic Acid 3%

SIG Apply to affected scar area once daily **Qty 30 gms** **REFILLS** ☐ **PRN** ☐ _____

Wart in Collodion Solution Advanced Transdermal Cream

☐ **W1** Cimeditine 5%, 5-Fluorouracil 5%, Salicylic Acid 10%, IBU 10%

SIG Apply to affected area and cover with bandage twice daily. **Qty 15 mls** **REFILLS** ☐ **PRN** ☐ _____

Hyperhidrosis in Salt Stable LS Advanced Transdermal Cream

☐ **H5** Glycopyrrolate 1%, Zinc Oxide 5%, Aluminum Chloride 12%

SIG Apply half pump to each foot daily or as directed by your doctor. **Qty 30 gms** **REFILLS** ☐ **PRN** ☐ _____

Nail Anti-Fungal

☐ **N1** Amphotericin B 3%, Terbinafine 1%, Urea 20%, Thymol 4% in Recura Cream — **SIG** Apply once daily, **Qty 30 gms**
☐ **N2** Fluconazole 10% in Recura Cream

☐ **N4** Ibuprofen 6%, Tea Tree Oil 16.7% and 1% Itraconazole in a DMSO Polish — **Qty 15mLs**
SIG BID to great toes and QD to lesser toes for 3 months. Do not wipe off.
☐ **N40** Urea 40% in Recura Advanced Cream — **Qty 60 gms**
SIG Apply 1-2 times daily

REFILLS ☐ **PRN** ☐ _____

☐ **Tolcylen Antifungal Solution** **Qty 7.5mLs**
☐ **Tolcylen Antifungal Nail/Skin Renewal Kit** Includes Solution, Skin Cream and Shoe Spray **Qty 3 bottles**

Wound Care

☐ **Duraderm** Microbicidal organic polymer solution **Qty 20mLs**
☐ **SilvrStat** 32 PPM Proprietary Silver, Propylene Glycol, Treithanolamine, Carbomer **Qty 30 gms**

SIG Apply to affected as needed **REFILLS** ☐ **PRN** ☐ _____

Iontophoretic Patch

4mg/mL DEXAMETHASONE for injection (2 x 5 ml vials) PLUS 6 Patches (select 1 below) **REFILLS** ☐ **PRN** ☐ _____
☐ **4 hr STAT (80mA-min) PATCH** ☐ **14 hr 80 (80 mA-min) PATCH** *Ideal Location* - Feet-Elbows-Knees-Wrists-Shoulders
SIG Apply per instructions every other day for prescribed amount of time. **ADD** Adapta-cap Syringe 1-unit

STEP 3
COMPLETE PROVIDER INFO

FAX TO 844-929-0599

	HCP Name	NPI #	DEA #		HCP Name	NPI #	DEA #
☐				☐			
☐				☐			
☐				☐			
☐				☐			

Office Contact Name _____ Phone _____ Fax _____
Office Address _____

SIGNATURE

_____ Signature or Stamp Acceptable

_____ Date

FAX: 844-929-0599 | Phone: 1-844-360-4095 | Email: support@EBMmedical.com

 RX-COMPOUND-100,REV0,20201006

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FAX NUMBER: 844-929-0599

STEP 1
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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)

Arthritic Inflammation

☐ **EB-A7^{DR}** Turmeric 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)

Central Nervous System Disorders

☐ **EB-P1^{DR}** L-Methylfolate Calcium 15mg, Methylcobalamin 0.4mg
Sig 1 capsule PO QD **Qty** #90 Capsules (3 month supply)

☐ **EB-P2^{DR}** L-Methylfolate Calcium 15mg, 5000 IU Vitamin D3
Sig 1 capsule PO QD **Qty** #90 Capsules (3 month supply)

☐ **EB-C3^{DR}** L-Methylfolate Calcium 6mg, Methylcobalamin 2mg, Pyridoxal 5-Phosphate 1.7mg, N-Acetyl L-Cysteine 600mg
Sig 1 capsule PO QD **Qty** #90 Capsules (3 month supply)

Immune System Modulation

☐ **EB-V1^{DR}** Beta (1/3, 1/6) Glucan 250mg, Elderberry extract 600mg, Zinc bisglycinate 40mg, Cholecalciferol 1000 IU, Andrographis paniculate 200mg, L-methylfolate calcium 1mg, Turmeric curcumin 300mg, Green Tea Extract (50% Epigallocatechin-3-gallate) 300mg, Quercetin 100mg, Ascorbic acid 500mg, BioPerine® 5mg
Sig 1 capsule TID w/ Food **Qty** #270 Capsules (3 month supply)

Headache / Migraine

☐ **EB-H4** Riboflavin 400mg, CoQ10 100mg, L-methylfolate Calcium 400 mcg, Magnesium 350mg
Sig 1 capsule PO QD **Qty** #90 Capsules (3 month supply)

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)

Nail and Skin

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

REFILLS ☐ PRN or ☐ other **OTHER SIG**

CBD

☐ **EB-C1** Cannabidiol 1500mg, Cannabigerol 180mg Sublingual Tincture
Sig Use 1 – 3 times daily. **Qty** 30 mLs

☐ **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, Ethylhyexl 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

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	HCP Name	NPI #	DEA #		HCP Name	NPI #	DEA #
☐				☐			
☐				☐			
☐				☐			
☐				☐			

Office Contact Name _____ Phone _____ Fax _____

Address, City, State, ZIP _____

SIGNATURE

_____ _____
Signature or Stamp Acceptable Date

FAX: 844-929-0599 | Phone: 1-844-360-4095 | Email: support@EBMmedical.com

 RX-CBDMF-001, Rev1, 9/21/2020