

EBM ID:

Fax:

PATIENT INFORMATION

Patient Name _____ Date of Birth _____
 Cell Phone _____ Email _____
 Street Address _____
 Allergies _____

PERIPHERAL NEUROPATHIC COMPLICATIONS

EB-N3^{DR} L-Methylfolate Ca 6mg, Methyl B₁₂ 4mg, P5P 70mg, Riboflavin 1.3mg
Sig: 1 capsule PO QD
Qty: 90 capsules (3-month supply)

EB-N5^{DR} L-Methylfolate Ca 6mg, Methyl B₁₂ 4mg, P5P 70mg, ALA 600mg, 5000 IU Vitamin D₃
Sig: 2 capsules PO QD
Qty: 180 capsules (3-month supply)

EB-N6^{DR} L-Methylfolate Ca 6mg, Methyl B₁₂ 4mg, P5P 70mg, ALA 600mg, Benfotiamine 300mg
Sig: 2 capsules PO QD
Qty: 180 capsules (3-month supply)

REFILLS: PRN Other _____
Other Sig:

CENTRAL NERVOUS SYSTEM

EB-C3^{DR} L-Methylfolate Ca 6mg, Methyl B₁₂ 2mg, NAC 600mg, PLP 1.7mg
Sig: 1 capsule PO QD
Qty: 90 capsules (3-month supply)

EB-P1^{DR} L-Methylfolate Ca 15mg, Methyl B₁₂ 0.4mg
Sig: 1 capsule PO QD
Qty: 90 capsules (3-month supply)

EB-P2^{DR} L-Methylfolate Ca 15mg, 5000 IU Cholecalciferol
Sig: 1 capsule PO QD
Qty: 90 capsules (3-month supply)

REFILLS: PRN Other _____
Other Sig:

MIGRAINE AND HEADACHE

EB-H4 Riboflavin 200mg, CoQ10 50mg, L-Methylfolate Ca 0.2mg, Magnesium Bisglycinate 175mg
Sig: 2 capsules PO QD
Qty: 180 capsules (3-month supply)

REFILLS: PRN Other _____
Other Sig:

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 Ca 1mg, Turmeric curcumin 300mg, Epigallocatechin-3-gallate 300mg, Quercetin 100mg, Ascorbic acid 500mg, BioPerine® 5mg
Sig: 1 capsule TID w/ food
Qty: 270 capsules (3-month supply)

REFILLS: PRN Other _____
Other Sig:

BONE / SOFT TISSUE HEALING

EB-S4 Calcium Citrate 1200mg, Magnesium Bisglycinate TRAACS 500mg, 10000 IU Cholecalciferol, Zinc Bisglycinate Chelate TRAACS 50mg
Sig: 3 capsules daily w/ food
Qty: 270 capsules (3-month supply)

REFILLS: PRN Other _____
Other Sig:

MSM=Methylsulfonylmethane, Methyl B₁₂=Methylcobalamin, ALA=Alpha Lipoic Acid, P5P=Pyridoxal 5'-Phosphate, NAC=N-Acetyl L-Cysteine, L-Methylfolate Ca=L-Methylfolate Calcium, ch-OSA=Choline-Stabilized Orthosilicic Acid

No claims are made as to the safety, efficacy or use of these ingredients or formulations. Compound prescriptions are fulfilled by EBM Medical accredited pharmacy. The information contained in this transmission may contain privileged and confidential information, including patient information protected by federal and state privacy laws. It is intended only for the use of the person (s) named above. If you are not the intended recipient, you are hereby notified that any review, dissemination, distribution, or duplication of this communication is strictly prohibited. If you are not the intended recipient, please contact the sender at 636-614-3152 and destroy all copies of the original message. EBM Medical's fax system is secure and in compliance with all applicable HIPAA regulations.

ARTHRITIC INFLAMMATION/PAIN

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)

EB-M4 Cooling Gel Menthol 8%, Camphor 8%, Eucalyptus 2% in a transdermal gel base
Sig: Use 1-4 times daily **Qty:** 100gm

REFILLS: PRN Other _____
Other Sig:

NAIL, HAIR AND SKIN

EB-L1 Cynatine FXL/HNS 500mg, Biocell Collagen 50mg, Biotin-D 10mg, ch-OSA 10mg, L-Methylfolate Ca 0.5mg
Sig: 1 capsule PO QD
Qty: 90 capsules (3-month supply)

REFILLS: PRN Other _____
Other Sig:

DFU PROTECTION

EB-PRO 13 Malaleuca Alternifolia 13%, Dimethicone 0.7%, Stearyl Alcohol 6.3%, Cetyl Alcohol 4.3%
Sig: Apply to the affected areas of the feet daily or as directed **Qty:** 60gm

REFILLS: PRN Other _____
Other Sig:

CBD CREAM AND TINCTURE

EB-C1 Cannabidiol 1500mg, Cannabigerol 180mg
Sig: Use 1-3 times daily **Qty:** 30mL

EB-C4 Cannabidiol (THC-Free) 3%, Myrcene 3%, Beta Caryophyllene 3%, Arnica 2%, MSM (MSM) 2% in HRT Heavy Transdermal Cream
Sig: Use 1-4 times daily **Qty:** 100gm

PROVIDER INFORMATION

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

Office Contact Name _____
 Phone _____ Fax _____
 Address _____
 City _____ State _____ Zip _____

Signature (stamp acceptable) _____

Date _____

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TOPICAL CREAMS IN SALT STABLE LS ADVANCED TRANSDERMAL CREAM

Neuropathic Pain

P2 Gabapentin 5%, Amitriptyline 3%, Clonidine 0.2%, Lidocaine 5%
 P48x Gabapentin 5%, Amitriptyline 3%, Clonidine 0.2%, Lidocaine 20%, _____ 10% (must write "ketamine")

Anti-Inflammatory Pain

P3 Diclofenac 3%, Baclofen 2%, Lidocaine 5%
 P8 Ketoprofen 15%, Lidocaine 10%
 P3x Diclofenac 3%, Baclofen 2%, Lidocaine 5%, _____ 5% (must write "ketamine")
 P23 Meloxicam 1%, Baclofen 2%, Lidocaine 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%, _____ 10% (must write "ketamine")
 P10x Diclofenac 5%, Baclofen 2%, Bupivacaine 2%, Cyclobenzaprine 2%, Gabapentin 6%, Ibuprofen 5%, _____ 10% (must write "ketamine")

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%

DFU Protection

EB-PRO 13 Malaleuca Alternifolia 13%, Dimethicone 0.7%, Stearyl Alcohol 6.3%, Cetyl Alcohol 4.3%

REFILLS: PRN Other _____ **Qty:** 90gm
Sig: Apply nickel-size amt to the treatment area 1-3 times daily

SCAR IN SANARE ADVANCED SCAR CREAM

S1 Lidocaine 5%, Verapamil 5%, Pentoxifylline 0.5%, Hyaluronic Acid 0.5%, Fluticasone Propionate 0.05%
REFILLS: PRN Other _____ **Qty:** 30gm
Sig: Apply to affected scar area once daily

WART IN COLLODION SOLUTION ADVANCED TRANSDERMAL CREAM

W1 Cimetidine 5%, 5-Fluorouracil 5%, Salicylic Acid 10%, IBU 10%
 W8 Salicylic Acid 45%
REFILLS: PRN Other _____ **Qty:** 15mL
Sig: Apply to affected area and cover with bandage twice daily

HYPERHIDROSIS IN SALT STABLE LS ADVANCED TRANSDERMAL CREAM

H5 Glycopyrrolate 1%, Zinc Oxide 5%, Aluminum Chloride 12%
REFILLS: PRN Other _____ **Qty:** 30gm
Sig: Apply half pump to each foot daily or as directed

NAIL ANTI-FUNGAL

N1 Amphotericin B 3%, Terbinafine 1%, Urea 20%, Thymol 4% **Qty:** 30gm
Sig: Apply once daily
 N12 Ibuprofen 6%, Tea Tree Oil 16.7% and 20% Urea, 1% Itraconazole in a DMSO Polish **Qty:** 15mL
Sig: Apply once daily
 N14 Urea 45% in debridement base **Qty:** 30gm
Circle base choice: GEL or CREAM
Sig: Apply 1-2 times per day or as directed
 N42 Itraconazole 1%, Terbinafine 1%, Thymol 4%, Urea 20% Solution in Pen Applicator **Qty:** 5mL
Sig: Apply twice daily or as directed
 N43 Amphotericin B 3%, Terbinafine 1%, Urea 20%, Thymol 4% Solution in Pen Applicator **Qty:** 5mL
Sig: Apply twice daily or as directed

REFILLS: PRN Other _____
 Tolcycen Antifungal Solution **Qty:** 7.5mL
 Apply once daily to nail only Apply twice daily to nail only

Tolcycen Antifungal Nail/Skin Renewal Kit
Qty: 3 bottles Includes solution, skin cream, and shoe spray
REFILLS: PRN Other _____

IONTOPHORETIC PATCH

4mg/mL DEXAMETHASONE (2x5mL vials) PLUS 6 patches
(choose one:)
 4hr STAT (80mA-min) PATCH 14hr 80 (80mA-min) PATCH
 ADD Adapta-cap syringe (one unit)
REFILLS: PRN Other _____
Sig: Apply per instructions every other day for prescribed time

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

Office Contact Name _____
 Phone _____ Fax _____
 Address _____
 City _____ State _____ Zip _____
 Signature (stamp acceptable) _____
 Date _____

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