

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

PERIPHERAL NEUROPATHIC COMPLICATIONS

EB-N3 DR L-methylfolate Ca 6mg, Methylcobalamin 4mg, P5P 70mg, Riboflavin 1.3mg
Qty: 90ct **Sig:** 1 Capsule Daily

EB-N5 DR L-methylfolate Ca., 3mg, Methylcobalamin 2mg, P5P 35mg, Alpha Lipoic Acid 300mg, D3 2500IU
Qty: 180ct **Sig:** 2 Capsules Daily (BID)

EB-N6 DR L-methylfolate Ca 3mg, Methylcobalamin 2mg, P5P 35mg, Alpha Lipoic Acid 300mg, Benfotiamine 150mg
Qty: 180ct **Sig:** 2 Capsules Daily (BID)

REFILLS: PRN Other _____

MILD COGNITIVE IMPAIRMENT

EB-C3 DR L-methylfolate Ca 6mg, Methylcobalamin 2mg, N-Acetyl L-Cysteine 600mg, P5P 1.7mg
Qty: 90ct **Sig:** 1 Capsule Daily

REFILLS: PRN Other _____

MOOD DISORDERS

EB-P1 DR Capsules: L-methylfolate Ca 15mg, Methylcobalamin 0.4mg
Qty: 90ct **Sig:** 1 Capsule Daily

EB-P2 DR L-Methylfolate Ca 15mg, Cholecalciferol 5000IU
Qty: 90ct **Sig:** 1 Capsule Daily

REFILLS: PRN Other _____

MIGRAINE AND HEADACHE

EB-H4 Riboflavin 200mg, CoQ10 50mg, L-methylfolate Ca 0.2mg, Magnesium Bisglycinate 175mg
Qty: 60ct **Sig:** 2 Capsules Daily (180 ct / 3-month supply)

REFILLS: PRN Other _____

IMMUNE SYSTEM MODULATION

EB-V1 DR Beta G. 250mg, ElderB ext. 600mg, Zinc bisglyc® 40mg, Cholecal. 1000 IU, Androg. pan. 200mg, L-Methyl Ca® 1mg, Turm. curc. 300mg, Epigallo3-g 300mg, Querc. 100mg, Ascorb. 500mg, BioP.® 5mg
Qty: 90ct **Sig:** 3 Capsules Daily (270ct / 3-month supply)

REFILLS: PRN Other _____

BONE/SOFT TISSUE HEALING

EB-S4 Calcium Citrate 400mg, Magnesium Bisgly Chelate TRAACS 166.7mg, Cholecal 3334 IU, Zinc Bisgly Chelate TRAACS 16.7mg
Qty: 90ct **Sig:** 3 Capsules Daily (270ct / 3-month supply)

REFILLS: PRN Other _____

PROVIDER INFORMATION

HCP Name	NPI #	DEA #
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ARTHRITIC INFLAMMATION/PAIN

EB-A7 DR Turm. Curc. 95% 250mg, SAM-e 200mg, HA Acid 66.7mg, Bosw. Ext 65% 33.4mg, Hydro Type II COL 13.4mg, Bioper. 1.7mg
Qty: 90ct **Sig:** 3 Capsules Daily (270ct / 3-month supply)

Cooling Pain Gel

EB-M4 Mentyl 8%, Camphor 8%, Eucalyptus 2% in a transderm gel
Qty: 100gm **Sig:** Apply 1-3 times daily

REFILLS: PRN Other _____

ONYCHODYSTROPHY / NAIL GROWTH ACCELERATOR

EB-L1 Biotin-D, Keratin, Hydro Type I Collagen/L-methylfolate Ca/Choline Stabilized Orthosil Acid 10/500/50/.5/10mg
Qty: 90ct **Sig:** 1 Capsule Daily

REFILLS: PRN Other _____

CBD CREAM AND TINCTURE

Sublingual Broad Spectrum CBD/CBG Citrus

EB-C1 CBD 1500mg/CBG 180mg Sublingual Tincture Citrus
Qty: 30mL **Sig:** Use 1-3 times daily

Broad Spectrum CBD Cream

EB-C4 3% Cannabidiol, 3% Myrcene, 3% Beta Cary, 2% Arnica, 2% MSM in Adv. Transderm Base Cream
Qty: 100gm **Sig:** Apply up to 4 times daily

REFILLS: PRN Other _____

IONTOPHORETIC DEXAMETHASONE PATCH

Ionto Patch with Dexamethasone

4HR 6 - 4HR Lithium Powered Iontophoresis Patches with Dexamethasone 10mL

14HR 6 - 14HR Lithium Powered Iontophoresis Patches with Dexamethasone 10mL

REFILLS: PRN Other _____

Qty: 6 **Sig:** Apply Every Other Day

ROUGH DRY/ANTI-FUNGAL/POST WOUND CLOSURE

Diabetic Skin Integrity Cream

EB-PRO13 Post Closure: Melaleuca Alternifolia 13% advanced cream
Qty: 100gm **Sig:** Apply daily

REFILLS: PRN Other _____

ADVANCED TOPICAL CREAM

Hyperhidrosis

H5 Glycopy 1%, Zinc Ox 5%, Alum Chlor 12% in a transderm cream
Qty: 30gm **Sig:** Apply 1 time daily.

REFILLS: PRN Other _____

Phone: _____ Fax: _____

Address _____

Signature _____
Date _____

No claims are made as to the safety, efficacy or use of these ingredients or formulations. EBM Medical is NOT a pharmacy. All compounded prescriptions are transmitted directly to accredited pharmacies responsible for fulfilling and shipping directly to the intended patient. EBM Medical serves as the clearinghouse for managing the accuracy of patient information and all payments for each order. 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.

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ADVANCED TRANSDERMAL CREAM

Neuropathic Pain Cream

P2 Gaba 5%, Amitrip 3%, Clon 0.2%, Lido 5% advanced cream

Anti-Inflammatory Pain Cream

P3 Dido 3%, Baclo 2%, Lido 5% in a transderm cream

P23 Melox 1%, Baclo 2%, Lido 5% in transderm cream

Fibromatosis Cream

P5 Verap 15%, Diclo 3% in a transderm cream

P55 Verap 15%, Diclo 3%, Lido 5% in transderm cream

Anti-Inflammatory/Neuropathic Pain Cream

P6 Dido 4%, Lido 5%, Gaba 5%, Pentox 3%, Cloni 0.2%, Amit 3% in a transderm cream

P7 Dido 3%, Lido 2%, Gaba 5%, Amit 2%, Cloni 0.2%, Amant 8% in a transderm cream

Anti-Inflammatory Numbing Cream

P8 Measured Pump: Ketoprofen 15%, Lidocaine 10%

Rough/Dry Feet Cream

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

Scar Cream (Silicone Based)

S1 Lidocaine 5%, Verapamil 5%, Pentoxifylline 0.5%, Hyaluronic Acid 0.5%, Fluticasone Propionate 0.05%

Circulation/Diabetic Toes/Raynauds Cream

T1 Nifedipine 8%, Pentoxifylline 8% in a transderm cream

T2 Nifed 16% in a transderm cream "toe butter"

REFILLS: PRN Other _____

Qty: 90gm Sig: Apply nickel-size amount to the treatment area 1-3 times daily

TOPICAL SOLUTION

Wart Formula

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

W8 Salicylic Acid 45% in collodion solution

REFILLS: PRN Other _____

Qty: 15 mLs Sig: Apply twice daily (keep off healthy skin)

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722 Spirit of St. Louis Blvd, Ste A, Chesterfield, MO 63005

ANTI-INFLAMMATORY/NEUROPATHIC PAIN CREAM (WRITE IN KETAMINE)

Anti-Inflammatory/Neuropathic Pain Cream

P3x Diclo 3%, Baclo 2%, Lido 5%, in transderm cream, _____ 5%

P7x Diclo 3%, Lido 2%, Gaba 5%, Amit 2%, Cloni 0.2% transderm cream, _____ 10%

P10x Diclofenac 5%, Baclofen 2%, Bupivacaine 2%, Cyclobenzaprine 2%, Gabapentin 6%, Ibuprofen 5%, _____ 10%

Neuropathic Pain Cream

P48x Gabapentin 5%, Amitriptyline 3%, Clonidine 0.2%, Lidocaine 20%, _____ 10%

REFILLS: PRN Other _____

Qty: 90 gm Sig: Apply 1-3 times daily.

NAIL ANTI-FUNGAL

Anti-Fungal, Topical

N1 Amphotericin B 3%, Terbinafine 1%, Urea 20%, Thymol 4% Qty: 30gm Sig: Apply 1 time daily.

Nail Debridement Gel

N14 Urea 45% Gel Qty: 30gm Sig: Apply 1-2 times daily

Anti-Fungal Solution

N42 Itra 1%, Terb 1%, Thy 4%, Urea 20% prop. glycol, L. acid, alc base Qty: 5mL Sig: Apply twice daily or as directed

Anti-Bacterial Solution

N44 Clinda 1.5%, Gent 0.2%, Levo 1%, Mupir 3%, Urea 20% Qty: 5mL Sig: Twice Daily

Anti-Fungal/Bacterial Solution

N45 Gent 0.2%, Ibu 2%, Itra 1%, Mupir 3%, Terb 1%, Urea 20% Qty: 5mL Sig: Twice Daily

REFILLS: PRN Other _____

WOUND CARE

Wound Nutrition

EB-Matrix L Arginine 7g L Glutamine 7g Dextrose 4g Collagen 2.5g Calcium Beta Hydroxybutyrate 1.3g Ascorbic Acid 350mg Calcium Citrate 200mg Zinc Bisglycinate Chelate 50mg D-a-Tocopheryl Acetate 30mg Pyridoxal 5'- Phosphate 5mg L-Methylfolate Calcium (Biofolate®) 500mcg Methylcobalamin 200mcg Qty: 780gm Sig: Consume 1-2 scoops per day

REFILLS: PRN Other _____

Signature

Phone: _____ Fax: _____

Address _____

Signature _____

Date _____
