

Physical Therapy Iontophoresis and Phonophoresis

Patient Name: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Physical Therapy Clinic _____

Circle Medication and Prescribed Quantity

Iontophoresis:

Dexamethasone Sod Phos 0.4%	120	240	480
Cyclobenzaprine 2% or 5%	120	240	480
Ketoprofen 10%	120	240	480
Acetic Acid 2% 4% or 5%	120	240	480
Lidocaine 4%	120	240	480
Sodium Chloride 2%	120	240	480
Potassium Iodide 5% or 10%	120	240	480
Epinephrine 1:1000	120	240	480

Sig: QS UD for Iontophoresis QTY _____ Refills: _____

Phonophoresis:

Dexamethasone Sod Phos 0.4%	240	480
Hydrocortisone 10% in Aquaphillic	240	480
Hydrocortisone 10% in Sonigel	240	480
Dexamethasone 0.4% and Lidocaine 0.1%	240	480
Ketoprofen 10% in Aquaphillic	240	480
Ketoprofen 10% in Sonigel	240	480

Sig: QS UD for Phonophoresis QTY _____ Refills: _____

Physician Name (Print) _____ DEA: _____

Physician Signautre: _____ NPI: _____

Address: _____

Phone: _____ Fax: _____



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