

Patient Name: _____ DOB: _____ Date: _____

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

Phone: _____

Circle Medication and Prescribed Quantity

Iontophoresis:

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

Sig: QS UD for Iontophoresis QTY _____ Refills: _____ PRN
No Refills

Phonophoresis:

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

Sig: QS UD for Phonophoresis QTY _____ Refills: _____ PRN
No Refills

Notes:

Signature: _____ NPI: _____

Prescriber (Print): _____ DEA: _____

Clinic: _____ Phone: _____

Address: _____