

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: \_\_\_\_\_

**Phonophoresis:**

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

Sig: QS UD for Phonophoresis QTY \_\_\_\_\_ Refills: \_\_\_\_\_

Notes:

Signature: \_\_\_\_\_ NPI: \_\_\_\_\_

Prescriber (Print): \_\_\_\_\_ DEA: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_