

Workers Comp

Ph: (214) 919-2090 or (877) 753-6878

Fax: 1 (888) 294-9434

New Patient

Date

Patient Name _____ DOB _____ Weight _____ Male Female
 Street Address: _____ Apt # _____ City _____ State _____ Zip _____
 Phone # _____ Cell # _____ Allergies _____

ICD 9 Code: _____

Zofran 4 mg 8 mg
 Phenergan 25 mg 50 mg
 Sig: _____ Qty: _____ Refills _____

Amitriptyline 10mg 25mg 50mg 75mg
 100mg
 Venlafexine ER 37.5mg 75mg 150mg
 Sig: _____ Qty: _____ Refills _____

Cyclobenzaprine 5mg 10mg
 Tizanidine 2mg 4mg 6mg
 Methocarbamol 500mg 750mg
 Sig: _____ Qty: _____ Refills _____

Celebrex 100mg 200mg 400mg
 Sig: _____ Qty: _____ Refills _____

Ibuprofen 600mg 800mg
 Naproxen 375mg 500mg
 Etodolac 300mg 400mg 500mg
 Meloxicam 7.5mg 15mg
 Sig: _____ Qty: _____ Refills _____

Cymbalta 20mg 30mg 60mg
 Gabapentin 100mg 300mg 400mg,
 600mg 800mg
 Sig: _____ Qty: _____ Refills _____

Methylprednisone Dosepack 4mg
 Prednisone 5mg 10mg 20mg
 Sig: _____ Qty: _____ Refills _____

Famotidine 20mg 40mg
 Sig: _____ Qty: _____ Refills _____

R

ALL controlled substance quantities must be hand written in number and letter form

ADDITIONAL INJURED WORKER MEDICATION

OSTEOARTHRITIS:

*Dosing = Take 1 capsule 3 times daily

- Synovacin
- Genicin

QTY: 90 (Ninty) 180 (One-Hundred Eighty)
 Refills: 1 (One) 2 (Two) 3 (Three)

STOOL SOFTNER:

*Dosing = Take with full glass of water (8oz).
 Do not take medicine more than directed.

- Laxacin

Docusate 100mg Up to QID

QTY: 100 Refills: 1 (One) 2 (Two) 3 (Three)

SLEEP DISORDER:

- Somnicin

*Dosing = Take 1 tablet 30 minutes prior to bedtime

- SentraPM

*Dosing = Take 1 or 2 capsules 30 minutes prior to bedtime

QTY: 30 (Thirty) 60 (Sixty) 90 (Ninty)
 Refills: 1 (One) 2 (Two) 3 (Three)

- Capsaicin 0.038% + Menthol 5% (For Pain)

- Lidocaine HCL 4% + Menthol 1% (For Pain)

*Dosing = Apply 1 - 3 patches to affected area daily

QTY: 30 (Thirty) 60 (Sixty) 90 (Ninty)
 Refills: 1 (One) 2 (Two) 3 (Three)

PAIN AND INFLAMMATION:

- Theramine 120

For dietary management of pain syndromes that include **chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain**
 Take two (2) capsules twice daily or as needed under physican supervision

- Trepadone 120

For the dietary management of pain associated with **osteoarthritis**
 Take two (2) capsules twice daily

Refills: _____ 1 (One) 2 (Two) 3 (Three)

- GABAdone 60

For the dietary management of sleep disorders associated with anxiety
 Take one (1) or two (2) capsules at bedtime to initiate sleep

QTY: _____ Refills: _____ 1 (One) 2 (Two) 3 (Three)

Prescriber's Name _____ Office Contact _____
 Street Address _____ Suite # _____ City _____ State _____ Zip _____
 Telephone _____ License # _____ NPI # _____ DPS # _____ DEA # _____

Prescriber's Signature (signature required. NO STAMPS) _____ Date _____

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FDA BLACK BOX WARNING: [NSAID] may cause an increased risk of serious cardiovascular thrombotic event, myocardialinfarction, and stroke, which can be fatal. This risk may increase with duration of use. Patients with cardiovascular disease or risk factors for cardiovascular disease may be at greater risk.

Please fax completed form to 1 (888) 294-9434