curexa® Pharmacy

Oncology Compounding

toll free phone. 855.927.0390
toll free fax. 855.927.0392

Patient Information

Patient Name:		Date of Birth:	☐ Male ☐ Female
Address:	City:	State:	Zip:
Phone:	Email:	Language:	
Allergies:			☐ NKDA
☐ Pick Up / Ship to: ☐ Patient ☐ Office ☐ Alternative Address:			

Insurance: Please fax copy of insurance card (front and back)

Prescriber Information

Practice Name:		Office Contact:	
Prescriber:		NPI:	DEA:
Practice Address:	City:	State:	Zip:
Phone Number:	Fax Number:		

Clinical Information

Diagnosis:	ICD-10:

Compounded Prescription Information

Compound	Strength	Directions	QTY	Refills
Nausea and Vomiting Topicals				
☐ Ondansetron	☐ 4 mg/0.1 mL ☐ 8 mg/0.1 mL	Apply 0.1 mL topically to inner forearm q4h prn nv	☐ 5 mL ☐ Other:	
☐ Promethazine	25 mg/mL	Apply 1 mL topically to inner forearm up to qid prn nv	☐ 30 mL ☐ Other:	
☐ ABHR Topical Gel: Lorazepam, Diphenhydramine, Haloperidol, Metoclopramide	1 mg, 12.5 mg, 2 mg, 20 mg/mL	Apply 1 mL topically q4-6h prn	☐ 30 mL ☐ Other:	
Nausea and Vomiting Suppositories				
☐ ABHR Suppositories: Lorazepam, Diphenhydramine, Haloperidol, Metoclopramide	1 mg, 12.5 mg, 2 mg, 20 mg	Insert 1 suppository pr q4-6h prn nv	☐ #30 ☐ Other:	
☐ Ondansetron	☐ 4 mg ☐ 8 mg	Insert 1 suppository pr q6-8h prn nv	☐ #30 ☐ Other:	
Nausea and Vomiting Sublingual/Buccal				
☐ Ondansetron Ginger Apple Lollipop	☐ 4 mg ☐ 8 mg	Use 1 lollipop sublingually or buccally q4h prn nv	☐ #30 ☐ Other:	

Compound	Strength	Directions	QTY	Refills
Dry Mouth				
☐ Pilocarpine	5 mg: ☐ Lollipop ☐ Troche	Use sublingually or buccally PO 3-4 times daily prn nv	☐ #30 ☐ Other:	
☐ Pilocarpine Oral Spray	10 mg/mL	Use 1-2 sprays PO 3-4 times daily prn nv	☐ 30 mL bottle ☐ Other:	
Mouth Pain/Oral Sores				
☐ Oral Rinse: Misoprostol, Diphenhydramine, Lidocaine	0.0024%, 0.1%, 2%	Swish and spit 15 mL PO q4-6h prn	☐ 480 mL bottle ☐ Other:	
☐ Oral Rinse: Misoprostol, Lidocaine	0.0024%, 1%		☐ 480 mL bottle ☐ Other:	
Ketamine 50 mg Lollipop: This item must be written out by the physician below. **Example:** Ketamine 50 mg lollipop (#30): Use one lollipop sublingually or buccally q4-6h prn mouth pain				
☐ Doc's Chemotherapy Mouthwash: Lidocaine HCl, Diphenhydramine HCl, Mylanta, Nystatin ☐ Add Tetracycline and Hydrocortisone	0.5%, 0.06%, 25%, 25,000 U/mL	Rinse mouth with 15 mL of mouthwash 4 times daily prn	☐ 12 oz. ☐ Other:	

Other Topicals

☐ Radiation Burns/Related Pain
Diclofenac 4% / Lidocaine 2% / Misoprostol 0.0024% / Phenytoin 2% / Aloe Vera 0.2%

☐ Neuropathic Pain
Acyclovir 10%
Lidocaine 5%
Amitriptyline 2%

☐ EGFR Rash
Clindamycin 2% / Hydrocortisone 1%

☐ Pain 67
Meloxicam 0.18% / Topiramate 1% / Tramadol 0.25% / Lidocaine 2% / Prilocaine 2%

☐ Pain 68
Meloxicam 0.18% / Topiramate 1%/ Tramadol 0.25% / Pentoxifylline 7.5% / Lidocaine 2% / Prilocaine 2%

Directions: Apply 1 pump (1 pump = 1.5mL) topically to the affected area 3-4 times a day.
QTY: ☐ 150ml pump ☐ Other:

☐ Radiation Burn Cream "For Pain"
Ketoprofen 5% / Lidocaine 2% / Hyaluronic Acid 0.5% / Urea 10% in PracaSil

Directions: Apply 1 pump (1 pump = 1mL) topically to the affected area 3-4 times per day.
QTY: ☐ 30 g ☐ 60 g ☐ 90 g

DEA CONTROL DRUG REQUIREMENTS: DEA regulations require a pharmacy to receive a new valid signed prescription or verbal prescription. DEA has further said that "A PHARMACY MAY NOT PROVIDE A PARTIALLY OR FULLY PRE-POPULATED FORM FOR THE PRESCRIBING PRACTITIONER." Therefore, any formula with KETAMINE or TESTOSTERONE, MUST WRITE OUT THE COMPLETE FORMULA in order to comply with the DEA. Thank you.

Sig: QTY: Refills:

☐ Custom:

Prescriber Signature and Date (Please sign and date below)

Prescriber Signature **Date**

"I authorize Curexa™ and its representatives to act as an agent to initiate and execute the insurance prior authorization process and receive forms on the prescriber's behalf. I certify that the above therapy is medically necessary and the above information is accurate to the best of my knowledge"