



SOUTHERN MARYLAND COMPOUNDING
CENTER PHARMACY

3643 LEONARDTOWN ROAD WALDORF, MD 20601 PHONE (301) 645-2400 FAX (301)476-0382

Prescription Order Form

Patient Name: _____ Date: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Pudendal Nerve Entrapment Pain Cream Formula

Gabapentin 5%, Ketamine 6%, Lidocaine 5%, Clonidine 0.2%

60gm

120gm

Sig: Apply sparingly to pain areas
2-4 times daily as directed. Massage
into skin until completely absorbed.

Refill _____

Prescriber Signature: _____

Prescriber Name: _____

Address: _____

City: _____ State: _____ Zip: _____

State License: _____ DEA: _____

NPI _____ Phone: (_____) _____ Fax: (_____) _____