

FAX (877) 451-7727

PERSON SUBMITTING FAX
PLEASE FAX PATIENT DEMOGRAPHIC AND PR-2 WITH EACH ORDER

John Donahue, MD Vlad Gendelman, MD Gabriel Rubanenko, MD Daniel Capen, MD

6200 Wilshire Blvd. # 910 Los Angeles, CA 90048 14557 Friar Street. Unit B2 Van Nuys, CA 91411

NOV 13 2014

RX DATE _____
NAME Maria Del Rosario Santillan D.O.B. 3/24/67
ADDRESS _____ D.O.I. _____
CITY _____ STATE _____ ZIP _____ PHONE (____) _____

ICD - 9 CODES _____

COMPOUND MEDICATION CREAM

- FluriFlex (Flurbiprofen 15% Cyclobenzaprine 10%) 180gm _____ 240gm _____
Sig. Apply a thin layer to affected area twice daily as directed by physician.
- TGHOT (Tramadol 8%/Gabapentin 10%/Menthol 2%/Camphor 2%/Capsaicin 0.05%) 180gm _____ 240gm _____
Sig. Apply a thin layer to affected area twice daily as directed by physician.
- GCT (Gabapentin 10% Cyclobenzaprine 6% Tramadol 10%) 180gm _____ 240gm _____
Sig. Apply a thin layer to affected area twice daily as directed by physician.

PRESCRIBED MEDICATION

- Ralafen- (Nabumetone) 750mg (Sig: Take 1 tablet by mouth bid/qd w/meal) #60 _____ #90 _____
- Naproxen (Naprosyn) 550mg (Sig: Take 1 tablet by mouth twice daily) #60 #90 _____
- Cyclobenzaprine (Flexeril) 7.5mg (Sig: P.O. qd/bid/tid/qhs/prn) #60 _____ #90 _____
- Omeprazole (Prilosec) 20mg (Sig: Take 1 tablet by mouth bid/qd w/meal) #60 #90 _____
- Gabapentin (Neurontin) 600mg (sig: Take 1 tablet by mouth bid/qd w/meal) #60 _____ #90 _____
- Gabapentin (Neurontin) 800mg (sig: Take 1 tablet by mouth bid/qd w/meal) #60 _____ #90 _____
- Motrin (Ibuprofen) 400mg (Sig: bid/tid/qd/ w/meal) #60 _____ #90 _____
- Motrin (Ibuprofen) 600mg (Sig: bid/tid/qd/ w/meal) #60 _____ #90 _____
- Motrin (Ibuprofen) 800mg (Sig: bid/tid/qd/ w/meal) #60 _____ #90 _____
- Tramadol (ultram) 50mg (Sig: bid/qd/tid w/meal) #60 _____ #90 _____
- MOBIC 15mg P.O. DAILY #30 _____ #60 _____ #90 _____

By my signature below, I acknowledge patients rights to choice of pharmacy information, and I authorize Scripte Corporation the right to my medical records upon verbal or written Request.

Con mi firma, yo reconozco recibir los medicamentos y recibir los derechos al paciente de opción de farmacia; yo autorizo al derecho a mis archivos medicos a petición verbal o por escrito a Scripte Corporation

Patient Signature: _____

Firma de Paciente: _____

Physician Signature _____

Date: NOV 13 2014

- Gabriel Rubanenko, MD License # A39466/ DEA # BR0215803
- Daniel Capen, MD License # G32316/ DEA #
- Vlad Gendelman, MD License # A101034/ DEA # FG1850735
- John Donahue, MD License # G44615/ DEA # BD8109630