

# Topical Pain Therapy

## Personalized For You



### Do You Have Chronic Pain?

Pain affects more Americans than diabetes, heart disease, and cancer combined and is cited as the most common reason that Americans access the healthcare system. A survey by the National Institutes of Health found that 21 to 30% of adults reported pain lasting more than 24 hours during the course of a given month, and the most commonly reported types of pain were low back pain (27%), severe headache or migraines (15%), neck pain (15%), and facial ache or pain (4%). As a result of the high number of pain sufferers, nearly 260 million prescriptions for opioid painkillers were written in 2012

### Chronic vs. Acute Pain?

Chronic pain refers to pain conditions that persist (sometimes for weeks, months, or even years and even after the injury is healed) because of pain signals that remain active in the nervous system. Chronic pain may produce both physical effects, such as tense muscles, limited mobility, a lack of energy, and changes in appetite, as well as emotional effects, such as depression, anger, anxiety, and fear of re-

injury. Acute pain is the result of an injury or disease that typically begins suddenly and can be sharp in quality. It can range from mild to severe in intensity, lasting for just a moment to weeks or even months.

### Traditional Pain Treatments

Each pain sufferer's experience of pain is unique, requiring a unique pain management plan. Traditional pain treatments like opioids are disorienting and addicting. Others like non-steroidal anti-inflammatories have adverse effects that affect heart and stomach health.

### Personalized Pain Treatments

Personalized topical medication allow you to get the beneficial effects of multiple pain medication at once without the addictive and adverse effects.

### How do I get a personalized pain prescription?

A personalized pain prescription using anesthetics, anti-Inflammatories and muscle relaxants requires a prescription. Here are the steps to follow to get your prescription:

- Print out this brochure
- Bring all pages in to your next prescriber visit
- Describe your symptoms completely
- If your prescriber thinks a personalized prescription is right for you they will select the appropriate medication from the following page



Union Medical Pharmacy

1769 Orchard Park Road  
West Seneca, NY 14224

716. 675.4133  
www.unionmedicalrx.com



# Personalized Pain Medication Order

Phone: (716) 675-4133

FAX: (716) 675-1314

1769 Orchard Park Road • West Seneca • New York • 14224

|  |                   |   |
|--|-------------------|---|
| Patient Name:  | DOB: / /          | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Patient's Phone Numbers: Home ( ) -  | Work / Cell ( ) - |   |
| Street:  | Apt. No:          | City: State:  |
| Insurance:   | ID No:            | Group No:   |
| Please fax patient's insurance card. Our pharmacy staff will contact your patient promptly |                   |   |

| Fixed Dose Combinations  |   |  |   |   |
|--|---|--|---|---|
| <p><b>NSAID</b></p> <p>Ketoprofen<br/> <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>7 <input type="checkbox"/>10%</p> <p>Diclofenac<br/> <input type="checkbox"/>1 <input type="checkbox"/>3 <input type="checkbox"/>5 <input type="checkbox"/>8%</p> <p>Ibuprofen<br/> <input type="checkbox"/>5 <input type="checkbox"/>10 <input type="checkbox"/>15 <input type="checkbox"/>20%</p> <p>Indomethacin<br/> <input type="checkbox"/>2 <input type="checkbox"/>4 <input type="checkbox"/>7 <input type="checkbox"/>10%</p> <p>Other _____ %</p> | <p><b>Muscle Relaxant</b></p> <p>Cyclobenzaprine<br/> <input type="checkbox"/>1 <input type="checkbox"/>2 <input type="checkbox"/>4 <input type="checkbox"/>5%</p> <p>Baclofen<br/> <input type="checkbox"/>2%</p> <p>Other _____ %</p>   | <p><b>Anesthetic</b></p> <p>Lidocaine<br/> <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5%</p> <p>Other _____ %</p>   | <p><b>Vasodilators</b></p> <p>Nifedipine<br/> <input type="checkbox"/>0.1 <input type="checkbox"/>0.5 <input type="checkbox"/>1%</p> <p>Verapamil<br/> <input type="checkbox"/>10%</p> <p>Other _____ %</p> | <p><b>Nerve Agents</b></p> <p>Amitriptyline<br/> <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>4 <input type="checkbox"/>5%</p> <p>Gabapentin<br/> <input type="checkbox"/>2 <input type="checkbox"/>3 <input type="checkbox"/>5 <input type="checkbox"/>7 <input type="checkbox"/>10%</p> <p>Other _____ %</p> |
| <p><b>Pain Blockers</b></p> <p>Ketamine<br/> <input type="checkbox"/>1 <input type="checkbox"/>3 <input type="checkbox"/>5%</p> <p>Other _____ %</p> <p><small>*Ketamine is control III and requires an accompanying NYS RX or e-scripted RX</small></p>   | <p><b>Other Agents</b></p> <p>Menthol<br/> <input type="checkbox"/>0.25 <input type="checkbox"/>0.5%</p> <p>Capsaicin<br/> <input type="checkbox"/>0.25%</p> <p>Clonidine<br/> <input type="checkbox"/>0.01% <input type="checkbox"/>0.1% <input type="checkbox"/>0.2%</p> <p>Cetyl Myristoleate<br/> <input type="checkbox"/>2%</p> <p>Other _____ %</p> | <p>Prepare in Transdermal Cream Base</p> <p>Quantity: <input type="checkbox"/> 60 g <input type="checkbox"/> 120 g <input type="checkbox"/> 180 g</p> <p>Directions: _____</p> |   |   |

**Notes**

**Prescriber Verification**  
 I have reviewed my patient's medical records and have determined that the medications ordered are medically necessary. I verify I have examined and diagnosed the patient as indicated above. I will comply with state and federal documentation requirements by retaining a copy of this prescription in the patient's medical record. This prescription is to be dispensed as written unless otherwise instructed by me.

|                  |                      |
|------------------|----------------------|
| Prescriber Name: | Signature:           |
| Date:            | Office Contact: NPI: |