

AHI Efax: (888) 553-5425

You may select one or more compounds as needed

Rx Request	Patient
Dr. Name: _____	Patient Name: _____
DEA #: _____	Address: _____
Tel: () _____	City/State/Zip: _____
	Telephone: () _____

AHI ANALGESIC CREAM

Baclofen / Cyclobenzaprine / Lidocaine / Diclofenac / Gabapentin

2% 5% 5% 6% 3%

Dose: 1 ml to Skin of affected area

Quantity: _____

SIG: Apply ___ ml to skin ___ time/s daily

BACK PAIN PATCH – Transdermal Patch

Cyclobenzaprine / Lidocaine / Diclofenac / Gabapentin / Baclofen

2% 5% 6% 3% 2%

Dose: 1 Patch once a day

Quantity: _____

SIG: Apply 1 patch to back once a day

Physician Signature: _____