

WORKERS COMPENSATION RX SCRIPT SHEET

PRACTICE INFORMATION

PLEASE ATTACH DEMO & INSURANCE INFO

	PATIENT NAME:	DOB:
	PHONE:	
	ADDRESS:	
	CITY:	STATE: ZIP:
INSURANCE:		
CLAIM#:		
	DOI:	DX CODE:

TOPICAL MEDICATION	TYPE	STRENGTH	QUANTITY	REFILLS	SIG
___ Diclofenac Gel 3%	Topical	3.0%	__300 gm	__1 __2 __3	Apply 2-3gms topically 3-4 times per day
___ Lidocaine 5% Ointment	Topical	5%	__141 gm	__1 __2 __3	Apply 2-3gms topically 3-4 times per day

ORAL MEDICATION	TYPE	STRENGTH	QUANTITY	REFILLS	SIG
___ Aciphex	PPI	20mg	__60 __90	__1 __2 __3	60: 1 po bid; 90: 1 po tid
___ Celebrex	NSAID	200mg	__60 __90	__1 __2 __3	60: 1 po bid; 90: 1 po tid
___ Mobic	NSAID	15mg	__60 __90	__1 __2 __3	60: 1 po bid; 90: 1 po tid
___ Cymbalta	Neuropathic Pain	20mg	__60 __90	__1 __2 __3	60: 1 po bid; 90: 1 po tid
___ Baclofen	Muscle Relaxant	20mg	__60 __90	__1 __2 __3	60: 1 po bid; 90: 1 po tid
___ Methocarbamol	Muscle Relaxant	500 mg	__60 __90	__1 __2 __3	60: 1 po bid; 90: 1 po tid
___ Zofran ODT	Anti-Nauseant	4mg	__30 __60	__1 __2 __3	30: 1 po daily; 60: 1 po bid

Substitutions allowed:

Diclofenac 3% can be substituted for diclofenac 1.5% or diclofenac 1% if one is not available.

Trubrex Patch can be substituted for Synoflex Patch, Triceptin Patch, Lenzapro or Lidocaine 4% patches if one is not available.

PHYSICIAN SIGNATURE: _____ DATE: _____

PHYSICIAN NAME: _____ NPI: _____ DEA: _____

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