

Please fax to: (toll-free) 866-687-2217

## Physician Information

Organization \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_ DEA # \_\_\_\_\_ NPI# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

## Patient Information

Male Female  
Name \_\_\_\_\_ Email \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ HIPPA Contact(s) \_\_\_\_\_  
Medications \_\_\_\_\_  
Allergies \_\_\_\_\_

### Left Hand

Pain (1-10) \_\_\_\_\_ Nodule(s) \_\_\_\_\_  
Size \_\_\_\_\_

### Right Hand

Pain (1-10) \_\_\_\_\_ Nodule(s) \_\_\_\_\_  
Size \_\_\_\_\_

Patient has been offered counseling by a PDLabs' pharmacist regarding this prescription.

## Transdermal Verapamil 15% Gel in PDLabs' Vehicle # 062003BE for Dupuytren's Disease

(Compounded using proprietary formulation and mixing specifications licensed exclusively to PDLabs)

Apply 0.5mL bid to affected area using dosimeters provided by PDLabs as directed.

Refills: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Dispense As Written

Note: This product is protected under U.S. Utility Patent Numbers 6,031,005 and 6,353,028.

