

Patient's Name: \_\_\_\_\_

Patient Requiries:

**IontoPatch:**

Stat     80     Extra Strength

**Iontophoretic Drug:**

Dexamethasone 0.4%     Ketoprofen 10%     Lidocaine     Voltaren 1%     Other

Quantity of Drug to deliver (Example 10-40 ml Dexamethason 0.4%): \_\_\_\_\_

**DO NOT SUBSTITUTE**

ICD 9 Code \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Previous Treatment(s)/ Medications(s): \_\_\_\_\_

Physician's Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

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

*I certify that the information noted above is accurate to the best of my knowledge.*