

Fax prescriptions to 1-866-354-6381

Neutopic (ketoprofen 6%, ibuprofen 4%) topical Gel



Medication...

Customized especially for you!

Your practitioner has prescribed a specially compounded medication from:

**NuCara Pharmacy
City Center Complex
1150 5th St., Suite 140
Coralville, IA 52241**

Please call the number below to make arrangements to receive your medication.

**1-877-268-2272
1-319-354-6006**

**Between 9:00 a.m. - 5:30 p.m. M-F (CST)
9:00 a.m. - 12:00 p.m. Saturday**

Thank You!

Description of the medication:
This medication contains 2 NSAIDS (non-steroidal-anti-inflammatory-drugs) ketoprofen and ibuprofen combined in a proprietary base used to lessen the discomfort associated with sprains, strains, or other inflammatory conditions as decided by your physician.

**How to use this medication
(Note: please refer to written instructions for a visual aid)**

1. Remove the cover of the top-click delivery device.
2. Rotate the bottom of this device clockwise to dispense the gel. Your dose will be based upon a number of "clicks".
3. Use the container to apply and massage the gel into the skin (similar to deodorant) until the application site feels dry. (please note: after drying the application site may look and feel like fine sand. This is intended, thus please do not remove it until immediately before the next application.

What to expect:

Pain at the application site will begin to decrease within the first four hours following application. A larger dose (more clicks) or more frequent applications may be required to reduce your pain and inflammation. This will be determined by working with your doctor or pharmacist.

Normal Dosage:

Dosing begins at 1 click per day, but may be increased to allow for complete coverage of larger surfaces.

Storage Requirements:

Please store this medication at room temperature and away from light. Please keep out of reach of children and avoid open flames immediately following application (within 3 minutes).

Side Effects:

Side effects of this medication are uncommon, but include the following in order of reported frequency based on available literature of topical NSAIDS. Rash, irritation, stomach upset, photosensitivity (increased sensitivity to sunlight resulting in burning or excess irritation).



Cut along this line. Give top half to patient.

Date: _____

NEUtopic™
Compounded Ketoprofen 6% Ibuprofen 4%

Patient: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred phone: _____

Allergies: _____

SIG: _____

Apply once daily to painful area to begin treatment.
Pharmacist will follow up and help you determine optimal dosing regimen.

DISP: 30 grams _____

Refill: PRN

60 grams _____

SIGNATURE : _____

CLINIC: _____

PRINTED NAME: _____

PHONE: _____

DEA: _____