

※ 須經醫師診斷後開立處方

姓名		生日	/	/
身分證號		連絡電話		
地址				
注意事項 / 過敏原：				

**足底筋膜炎 (Plantar Fasciitis)**

外用乳膏 規格

<input type="checkbox"/>	PF-CRM-0001	Baclofen 2% / Ketoprofen 10% / Lidocaine 5% / Gabapentin 5%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-CRM-0002	Flurbiprofen 5% / Capsaicin 0.025% / Menthol 0.5% / Camphor 0.5%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-CRM-0003	Flurbiprofen 10% / Gabapentin 6% / Lidocaine 2%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-CRM-0004	Lidocaine 2% / Diclofenac Sodium 3% / Cyclobenzaprine HCL 2% / Baclofen 2%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-CRM-0005	Baclofen 2% / Ketoprofen 10% / Lidocaine 5% / Gabapentin 5%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-CRM-0006	Flurbiprofen 10% / Baclofen 2% / Tetracaine 2%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-CRM-0007	Ketoprofen 2% / Baclofen 2% / Cyclobenzaprine HCL 2% / Gabapentin 6% / Lidocaine 2.5%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-CRM-0008	Ketoprofen 20% / Guaifenesin 2% / Ibuprofen 2% / Amitriptyline HCL 2%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-CRM-0009	Ketoprofen 10% / Guaifenesin 10% / Capsaicin 0.025% / Lidocaine 2% / Amitriptyline HCl 2%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-CRM-0010	Flurbiprofen 10% / Amitriptyline HCl 1% / Gabapentin 6% / Lidocaine 2% / Magnesium Chloride 5%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-CRM-0011	Lidocaine 5% / Diclofenac Sodium 5% / Menthol 1% / DMSO 5%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-CRM-0012	Amitriptyline HCl 2% / Ketoprofen 2% / Carbamazepine 2%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-CRM-0013	Amitriptyline HCl 5% / Carbamazepine 2% / Diclofenac Sodium 10% / Gabapentin 6%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm

外用凝膠 規格

<input type="checkbox"/>	PF-GEL-0001	Amitriptyline HCl 2% / Ketoprofen 2% / Carbamazepine 2%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-GEL-0002	Ketoprofen 2% / Carbamazepine 2%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-GEL-0003	Carbamazepine 2% / Gabapentin 2%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm
<input type="checkbox"/>	PF-GEL-0004	Amitriptyline Hydrochloride 2% / Carbamazepine 2% / Ketoprofen 4%	<input type="checkbox"/>	30 gm	<input type="checkbox"/>	50 gm	<input type="checkbox"/>	100 gm

執業醫師簽章

日期

※ 列出的配方和陳述僅用於醫療專業人員參考目的