

 **APOTHECARY OPTIONS**
Prescription Order Form

Patient Name: _____ Date: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Day Phone: (_____) _____ Evening Phone: (_____) _____

Drug Allergies: _____

9-Ingredient - Anal Fissure Ointment

Nifedipine 0.2% lidocaine 5%, tetracaine 0.5%, nitroglycerin 0.2%, hydrocortisone 2.5%,
aloe vera, vitamin E, vitamin A, and Vitamin D in an ointment base

Check here if you do not want hydrocortisone included in the formulation

50gm

100gm

Sig: _____

Refill: _____

Prescriber Signature: _____

Prescriber: _____

Address: _____

City: _____ State: _____ Zip: _____

State License: _____ DEA: _____

Phone: (_____) _____ Fax: (_____) _____

Instructions:

- Complete all sections.
- We must verify the legitimacy of all prescriptions as required by law.
- We will contact you to arrange for payment and shipping.
- Fax or mail the completed prescription to:

 **APOTHECARY OPTIONS**

3006 Esplanade, Suite I, Chico, CA 95973
phone: 530-345-RxRx (7979) fax: 530-345-9797
toll free 1-866-586-4633
www.apothecaryoptions.com