



Prescription Order Form

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies: _____ Phone: (_____) _____

COMPOUNDED MEDICATION

Hemorrhoid Cream

Lidocaine 2%, Hydrocortisone 2.5%, Pramoxine 1%, Phenylephrine 0.25%, aloe vera, Zinc Oxide, vitamin E, vitamin A, Vitamin D

50gm

100gm

Sig: Apply to affected area 2-4 times daily as needed for discomfort Refills: _____

Anal Fissure Ointment

Nifedipine 0.2% lidocaine 5%, tetracaine 0.5%, nitroglycerin 0.2%, aloe vera, vitamin E, vitamin A, and Vitamin D

Check here if you want hydrocortisone 2.5% included in the formulation

50gm

100gm

Directions: Apply to affected area 2-3 times daily as needed. Refills: _____

Diltiazem 2% Ointment

Quantity: 50 grams Refills: _____

Directions: Apply to affected area 2-3 times daily as needed.

Prescriber Signature: _____ Today Date: _____

Prescriber Printed Name: _____ MD DO ND PA NP CNM/CN

State License: _____ DEA: _____ NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____