



Patient Name: _____ Date of Birth: _____

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

Allergies: _____ Phone: (_____) _____

COMPOUNDED MEDICATIONS

☐ Hemorrhoid Cream (Lidocaine 2%, Hydrocortisone 2.5%, Pramoxine 1%, Phenylephrine 0.25%, vitamin E)
Quantity to Dispense: 50gm Refills: _____

Directions: Apply small pea-sized amount to affected area 2-4 times daily as needed for discomfort

☐ Anal Fissure Ointment (Nifedipine 0.2% lidocaine 5%, tetracaine 0.5%, ntg 0.2%, aloe vera, vitamin E)
☐ Check here if you want hydrocortisone 2.5% added into the formulation.
Quantity to Dispense: 50gm Refills: _____

Directions: Apply small pea-sized amount to affected area 3 times daily as needed.

☐ Diltiazem 2% Ointment
Quantity to Dispense: 50gm Refills: _____

Directions: Apply small pea-sized amount to affected area 3 times daily as needed.

☐ Sucralfate 1000mg Suppository
Quantity: 30 suppositories Refills: _____

Directions: Insert 1 suppository rectally twice daily for proctitis.

☐ Budesonide 3mg slow release capsules
Quantity to Dispense: 126 capsules Refills: _____

Directions: Take 3 caps orally once daily X4 weeks, then 2 caps daily X2 weeks, then 1 cap daily x2 weeks.

☐ Budesonide 1mg/5ml oral suspension
Quantity to Dispense: 300ml Refills: _____

Directions: Slowly sip and swallow 5ml orally twice daily.

☐ Nitroglycerin ☐ 0.2% ☐ 0.4% in AQUAPHOR ointment (check desired strength)
Quantity to Dispense: 50gm Refills: _____

Directions: Apply small pea-sized amount to affected area 2-4 times daily as needed for discomfort

☐ Nifedipine ☐ 0.2% ☐ 0.4% in AQUAPHOR ointment (check desired strength)
☐ Check here if you want Lidocaine 2.5% added into the formulation.
Quantity to Dispense: 50gm Refills: _____

Directions: Apply small pea-sized amount to affected area 2-4 times daily as needed for discomfort

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: _____