

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Allergies:  NKDA (no known drug allergies)  Aspirin/ NSAID's  Cyclobenzaprine  Lidocaine / Local Anesthetic  Tramadol  Opioid  
 Gabapentin  Penicillin  Amitriptyline  Other: \_\_\_\_\_

**COLORECTAL & FISTULA HEALTH**

**COMPOUNDED CREAMS AND OINTMENTS:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Nifedipine 0.1%                 | <input type="checkbox"/> Lidocaine 1%  | <input type="checkbox"/> Nitroglycerin 0.1% |
| <input type="checkbox"/> Nifedipine 0.2%                 | <input type="checkbox"/> Lidocaine 2%  | <input type="checkbox"/> Nitroglycerin 0.2% |
| <input type="checkbox"/> Nifedipine 0.3%                 | <input type="checkbox"/> Lidocaine 5%  | <input type="checkbox"/> Nitroglycerin 0.3% |
| <input type="checkbox"/> Nifedipine 0.1% w/ 2% Lidocaine | <input type="checkbox"/> Diazepan 2%   |   |
| <input type="checkbox"/> Nifedipine 0.2% w/ 2% Lidocaine | <input type="checkbox"/> Diclofenac Sodium 1.5%-Lidocaine 2.5%-Prilocaine 2.5%<br>Cream (60 grams prior to and post procedure) |   |
| <input type="checkbox"/> Nifedipine 0.3% w/ 2% Lidocaine |  |   |

**Quality:**  30 grams

**Directions:** Apply 1 Gram to rectal area  Once daily  Twice daily  Three times a day

**Refills:** \_\_\_\_\_

**Prescription meds:**

Generic **ANUCORT-HC** Hydrocortisone suppositories **\$49.95 #12 Suppositories**  
**Directions: Insert 1 suppository daily as directed at bedtime**

Physician Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 DEA: \_\_\_\_\_ NPI: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

