

|   |                      |
|---|----------------------|
| <b>Patient Information</b>                | Date: ____/____/____ |
| Office Name, Address, Phone & Fax Number: |                      |
| Patient Name: _____ DOB: ____/____/____   |                      |
| Address: _____                            |                      |
| City: _____ State: _____ Zip: _____       |                      |
| Phone Number: ____-____-____              |                      |
| E-mail: _____                             |                      |

**Post Surgical/Anorectal Procedures**

|  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Diclofenac 3%, Lidocaine 1.5%,<br><input type="checkbox"/> Metronidazole 10%, Nifedipine<br>0.5% Ointment | Apply 1-2 grams to the affected area 3-4 times daily. Rub in Well for 1-2 Minutes | <input type="checkbox"/> 120 Grams (30 day supply)<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> PRN<br><input type="checkbox"/> Other: _____ |
|--|---|---|---|

**Anal Fissures/Hemorrhoids**

|   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Diltiazem 2% Ointment                        | Apply 1 gram to the affected area 2-3 times daily as directed. FOR EXTERNAL USE ONLY | <input type="checkbox"/> 35 Grams <input type="checkbox"/> 70 Grams<br><input type="checkbox"/> Other: _____ | <input type="checkbox"/> PRN<br><input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lidocaine 5% Ointment                        | Apply topically to perianal region twice daily as needed                             | <input type="checkbox"/> 90 grams (30 day supply)<br><input type="checkbox"/> Other: _____                   | <input type="checkbox"/> PRN<br><input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Anusol-HC 25mg Suppositories                 | Unwrap and insert 1 suppository once daily while symptoms persist                    | <input type="checkbox"/> 30 suppositories<br><input type="checkbox"/> Other: _____                           | <input type="checkbox"/> PRN<br><input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lidocaine 3%, Nifedipine 0.3% Ointment       | Apply 1 gram to the affected area 2-3 times daily as directed. FOR EXTERNAL USE ONLY | <input type="checkbox"/> 90 grams (30 day supply)<br><input type="checkbox"/> Other: _____                   | <input type="checkbox"/> PRN<br><input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lidocaine 3%, Diltiazem 2% Ointment          | Apply 1 gram to the affected area 2-3 times daily as directed. FOR EXTERNAL USE ONLY | <input type="checkbox"/> 90 grams (30 day supply)<br><input type="checkbox"/> Other: _____                   | <input type="checkbox"/> PRN<br><input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hydrocortisone 2%, Lidocaine 2% Rectal Cream | Apply 1 applicatorful as directed to the affected area as needed                     | <input type="checkbox"/> 30 Grams (30 day supply)<br><input type="checkbox"/> Other: _____                   | <input type="checkbox"/> PRN<br><input type="checkbox"/> Other: _____ |

**Other RX's**

|                          |  |  |   |
|--------------------------|--|--|---|
| <input type="checkbox"/> |  |  | <input type="checkbox"/> PRN<br><input type="checkbox"/> Other: _____ |
|--------------------------|--|--|---|

**Signature**

|                                     |  |
|-------------------------------------|--|
| _____<br><b>Dispense as Written</b> | _____<br><b>Substitution Permissible</b> |
|-------------------------------------|--|

**OTC ITEMS:**

- |  |                                  |   |                                       |
|--|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Critic-Aid          | <input type="checkbox"/> Balneol | <input type="checkbox"/> Calmol 4 Suppositories | <input type="checkbox"/> Calmoseptine |
| <input type="checkbox"/> HC 1% Suppositories | <input type="checkbox"/> Miralax | <input type="checkbox"/> Recticare              |                                       |