

# Gastroenterology Compounded Medications

## Patient Information (Please provide front and back copy of patient's prescription insurance card if possible)

Patient Name:	Phone Number: (        )        -
DOB:	Address:

## Anal Fissures

Compounded Medication	Directions	Quantity	Refills
Diltiazem 2%/Lidocaine 3% Ointment			
Lidocaine 3%/Nifedipine 0.3% Ointment			
Nifedipine 0.3% Ointment			
Nitroglycerin 0.125% suppositories			

## Hemorrhoids

Compounded Medication	Directions	Quantity	Refills
Hydrocortisone 27.5mg Suppositories			
Hydrocortisone 1.2%/Pramoxine 2.7% Cream			

## Dyspepsia

Compounded Medication	Directions	Quantity	Refills
Lansoprazole 3mg/mL 15mg/mL Oral Suspension			
Diphenhydramine/Lidocaine/Antacid 1:1:1 oral suspension ("GI Cocktail")			

## Proctitis

Compounded Medication	Directions	Quantity	Refills
Diltiazem 2% Ointment			
Mesalamine 900mg Rectal Suppositories			

## Eosinophilic Esophagitis

Compounded Medication	Directions	Quantity	Refills
Budesonide 0.2mg/mL Oral Solution			

Additional Information:

## Provider Information

Office Name & Address:	Provider Name:
Phone:	Fax:
	DEA#:

**DATE:**

**Total # of prescriptions:**

\_\_\_\_\_ Substitution Permissible

\_\_\_\_\_ Dispense As Written