



Patient Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____
 Date of Birth: _____
 Allergies: _____

Prescriber Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone: _____
 Fax: _____
 DEA: _____ NPI: _____

HEMORRHOIDS/ANAL FISSURE

- Hydrocortisone 2.5% / Lidocaine 5%
- Nifedipine 0.5% / Lidocaine 5% / Diclofenac 3% / Hydrocortisone Butyrate 0.1%
- Nifedipine 0.2% / Lidocaine 5% / Diclofenac 3% / Hydrocortisone Butyrate 0.1%

Apply to affected area 3-4 times daily PRN pain.
 Dispense _____ Refills 1 2 3 4 5
 Additional Instructions: _____

Hydrocortisone 25mg suppository

Use 1 suppository rectally up to TID PRN
 Dispense _____ Refills 1 2 3 4 5
 Additional Instructions: _____

PRURITIS

- Hydrocortisone 2.5% / Lidocaine 5% / Diclofenac 3%
- Hydrocortisone 2% / Zinc Oxide 2% / Lodoquinol 1% / Lidocaine 5% / Diclofenac 3%

Apply to affected area 3-4 times daily PRN itching
 Dispense _____ Refills 1 2 3 4 5
 Additional Instructions: _____

ANORECTAL POST-OP PAIN

- Nifedipine 5% / Metronidazole 20% / Diclofenac 3% / Hydrocortisone Butyrate 0.1%

Apply to affected area 3-4 times daily PRN pain.
 Dispense _____ Refills 1 2 3 4 5
 Additional Instructions: _____

PROVIDER SIGNATURE: _____

DATE: _____

ORAL OR RECTAL FORMULATIONS (CHECK ALL THAT APPLY)

- Lidocaine 1% 2% Gabapentin 3% 6% 10%
- Tetracaine 1% 2% Diphenhydramine 1.25mg / mL
- Hydrocortisone 1% 2% Nystatin 33,000 U / mL
- Dexamethasone 0.5% Tetracycline 10 mg / mL
- Nifedipine 0.2% Other: _____

Choose Formulation:

Oral solution in Mucolox base Swish Spit Swallow Gargle
 With 5-10mL every 4-6hrs PRN pain

Rectal cream / gel with Mucolox

Use rectally twice daily PRN pain

Suppository with Mucolox

Use rectally _____ time daily PRN pain

Dispense _____ Refills 1 2 3 4 5
 Additional Instructions: _____

IF YOU DO NOT SEE WHAT YOU NEED,
 PLEASE CALL: 806-209-5140

