

Patient Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### INTERNAL & EXTERNAL HEMORRHOID

\_\_\_\_\_ Rectal Rocket (2% Lidocaine • 1% Hydrocortisone) Qty: #5

\_\_\_\_\_ Rectal Rocket (2% Lidocaine • 2% Hydrocortisone) Qty: #5

\_\_\_\_\_ Rectal Rocket (Nifedipine 0.3% / Lidocaine 2% / Hydrocortisone 3%) Qty #5



QTY: 5 Sig: Insert 1 suppository rectally at bedtime.

Refill: \_\_\_\_\_

### ANAL FISSURE

\_\_\_\_\_ Nifedipine 2% / Lidocaine 5% Ointment

\_\_\_\_\_ Nifedipine 0.3% / Lidocaine 5% Ointment

\_\_\_\_\_ Nifedipine 2% / Hydrocortisone 2.5% Ointment

\_\_\_\_\_ Nifedipine 2% Ointment

\_\_\_\_\_ Nifedipine 0.3% Ointment

Qty: 30gm - Sig: Apply a pea sized amount to anus (1/day - BID - TID - HS - PRN)

Refill: \_\_\_\_\_

M.D. Signature: \_\_\_\_\_ M.D. Written Name: \_\_\_\_\_

DEA#: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_