



Compounded Formulas for Hemorrhoids and Anal Fissures Rx Template

Patient's Name: DOB:
Patient's Address: City: State: Zip:
Patient's Phone: Drug Allergies:

Formulation Selection (choose one by checking the corresponding box)

Hemorrhoids

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Hydrocortisone 1%-Lidocaine 2% Rectal Suppository

Anal Fissures

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Diltiazem 2% in Petrolatum Ointment

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Diltiazem 2%-Lidocaine 5% in Petrolatum Ointment

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Nifedipine 0.2% in Lanolin/Petrolatum Ointment

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Nifedipine 0.3% in Lanolin/Petrolatum Ointment

☐

Nifedipine 0.5% in Lanolin/Petrolatum Ointment

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Nifedipine (write in strength, 0.2%, 0.3%, 0.5%) and

Lidocaine (write in strength, 1.5%, 2%, 5%) in Lanolin/Petrolatum Oint.

Quantity Selection (choose a dispense quantity by checking the corresponding box)

☐

15gm

☐

30gm

☐

gm

Directions for Use (Choose pre-worded directions below or manually enter directions for use)

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Apply to perianal area 2-4 times daily as directed

☐

Refills?

☐

Refill time(s)

☐

No Refills

Prescriber's Name: Date:

Prescriber's Street Address: City: State: Zip:

Prescriber's Phone Number: Name of person submitting order: