

8505 SW Creekside Place Suite 110, Beaverton, OR 97008

www.northwestcompounders.com | info@northwestcompounders.com

P: 503-352-3811 | F: 503-624-0591

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 cor	responding box)
Hemorrhoids			•
Hydrocortisone 19	%-Lidocaine 2% Rectal Suppositor	ſ y	
Anal Fissures			
Diltiazem 2% in P	Petrolatum Ointment		
Diltiazem 2%-Lide	ocaine 5% in Petrolatum Ointmen	nt	
Nifedipine 0.2% i	Nifedipine 0.2% in Lanolin/Petrolatum Ointment		
Nifedipine 0.3% i	Nifedipine 0.3% in Lanolin/Petrolatum Ointment		
Nifedipine 0.5% i	in Lanolin/Petrolatum Ointment		
	(write in strength, 0.2%, 0.3%, 0.5 (write in strength, 1.5%, 2%, 5%)	·	latum Oint.
Quantity Selection (cho	ose a dispense quantity by check	king the corresp	onding box)
15gm	30gm gm	1	
Directions for Use (Choo	se pre-worded directions below or n	nanually enter dir	ections for use)
Apply to perianal	area 2-4 times daily as directed	Refills?	
		Refill	time(s)
		No Re	efills
rescriber's Name:		Date:	
escriber's Street Address:	City:	State:	Zip:
escriber's Phone Number:	Name of perso	n submitting orde	er:

Fax completed forms to (503)-624-0591 or email them to info@northwestcompounders.com