

<b>PATIENT NAME:</b>		
<b>DOB:</b>	<b>TEL:</b>	
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>

<b>PRESCRIBER NAME:</b>		
<b>NPI:</b>	<b>TEL:</b>	
<b>ADDRESS:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>

#	Commonly Requested Formulas for Patients with Reflux	QTY	COST
[ ] 9730	Omeprazole 2 Mg/ML Oral Suspension	150ML	\$35
[ ] 9276	Lansoprazole 15mg/5ml Oral Suspension	150ML	\$35

#	Commonly Requested Formulas for Patients with Hemorrhoids	QTY	COST
[ ] 8796	Hydrocortisone 1%/Lidocaine 2% Topical Cream	30GM	\$35
[ ] 5846	Pramoxine Hcl 1%/Zinc Oxide 12.5%/Lidocaine 5% Rectal Gel	30GM	\$35
[ ] 6797	Hydrocortisone 1%/Pramoxine Hcl 1%/L-Arginine 0.4% Cream ~	30GM	\$35
[ ] 5213	Pramoxine Hcl 1%/Zinc Oxide 12.5% Topical Ointment	30GM	\$35
[ ] 9277	Hydrocortisone/Vit E Suppository 25mg	24	\$35
[ ] 8441	Lidocaine 5%/Hydrocortisone 3% Cream	30GM	\$35

Sig Apply to affected area 3-4 times daily. FOR EXTERNAL USE ONLY

#	Commonly Requested Formulas for Patients with Anal Fissures	QTY	COST
[ ] 9663	Bethanecol 0.1%, L-Arginine 0.4%, Nifedipine 0.2%, Lidocaine 5% Cream	30GM	\$35
[ ] 9576	Bethanecol 0.1%, L-Arginine 10%, Nifedipine 0.5%, Lidocaine 5% Cream	30GM	\$35
[ ] 9612	Hydrocortisone 3%, Diltiazem 2%, Lidocaine 5% Cream	30GM	\$35
[ ] 9558	Hydrocortisone 1.25%, Ketoconazole 1% Cream	30GM	\$35
[ ] 8528	Diclofenac Sod 1%, Metronidazole 10%, Nifedipine 0.5%, Lidocaine 5% Cream	30GM	\$35
[ ] 2034	Nifedipine 0.5%, Lidocaine 5% Ointment	30GM	\$35
[ ] 9019	Nifedipine 0.2%/ Lidocaine 2% Ointment	30GM	\$35
[ ] 9740	Nifedipine 0.2% Ointment	30GM	\$35

Sig Apply to affected area 3-4 times daily. FOR EXTERNAL USE ONLY

#	Commonly Requested Formulas for Patients with Other Colorectal Conditions	QTY	COST
[ ] 9558	Hydrocortisone 1.25%, Ketoconazole 1% Cream	30GM	\$35
[ ] 8529	Md Ointment: Metronidazole 10%, Doxycycline 1% Ointment	30GM	\$35
[ ] 8383	Nystatin 100,000 U/Gm, Triamcinolone 1mg/Gm (1:1) In Zinc Oxide Cream	30GM	\$35
[ ] 9141	Metronidazole 10% Cream	30GM	\$35
[ ] 9873	Diltiazem 2% Cream	30GM	\$35
[ ] 1812	Nitroglycerin 0.2% Ointment	30GM	\$35

ID #	Commonly Requested Formula for Patients with Adult Diaper Rash	SZIE	COST
[ ] 9628	Riley Butt Cream (Diaper Rash Cream) (Ingredients: Vitamins A & D Ointment 30gm, Benzoin Compd Tincture Usp 0.15ml, Dibucaine 1% Oint 7.5gm, Nystatin 100,000-Units/G Oint 15gm Nystatin Powder 15gm, Zinc Oxide 20% Usp 30gm)	30GM	\$35

ID #	Commonly Requested Formulas for Patients with Irritable Bowel Syndrome (IBS), Ulcerative Colitis, Crohn's Disease or Proctitis	QTY	COST
[ ] 5212	Mesalamine 4 Gm/60 ML/Budesonide 2 Mg/60 ML Poloxamer Enema	5 ENEMAS	\$35
[ ] *1375	Sodium Acetate 60 Mm/Sodium Propionate 30 Mm/Sodium Butyrate 40 Mm Enema Sodium Butyrate 100 Mm/Liter Enema Formula # *1375 [Pinto A, Et Al. Short Chain Fatty Acids Are Effective in Short-Term Treatment Of Chronic Radiation Proctitis: Randomized, Double-Blind, Controlled Trial. Dis Colon Rectum. 1999 Jun;42(6):788-95; Discussion 795-6.]	5 ENEMAS	\$35
[ ] 5209	Tacrolimus 4 Mg/60 ML Rectal Enema Formula # 5209 [Lawrence IC, Baird A, Lightower D, Radford-Smith G, Andrews JM, Connor S. Efficacy of Rectal Tacrolimus For Induction Therapy In Patients With Resistant Ulcerative Proctitis. Clin Gastroenterol Hepatol. 2017 Aug;15(8):1248-1255.]	5 ENEMAS	\$35

#	Commonly Requested Formulas for Patients with Eosinophilic Esophagitis	QTY	COST
[ ] 9614	Budesonide 1 Mg/10 ML Oral Suspension Viscous	600ML	\$35
[ ] 5678	Budesonide 2 Mg/10 ML Oral Suspension Viscous	600ML	\$35

#	Commonly Requested Formulas for Patients with Mucositis/Aphthous Ulcer	QTY	COST
[ ] 9871	Mary's Magic Mouth Wash Sus W/Tetracycline W/O Lidocaine	120ML	\$35
[ ] 9759	Mary's Magic Mouth Wash Sus W/Tetracycline W/Lidocaine	120ML	\$35

#	Commonly Requested Formulas for Patients with IBS	QTY	COST
[ ] 5207	Budesonide 2 Mg/30 ML Retention Enema	5	\$35

#	Commonly Requested Formulas for Patients with Gastroparesis	QTY	COST
[ ] 5755	Naltrexone Hcl 1.5 Mg Capsules	30CAP	\$35
[ ] 9458	Naltrexone Hcl 3 Mg Capsules	30 CAP	\$35
[ ] 9632	Naltrexone Hcl 4.5 Mg Capsules	30 CAP	\$35

**Directions:**

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**Other requested formula:**

**SIGNATURE:** \_\_\_\_\_  
Dispense as Written

\_\_\_\_\_ **DATE** \_\_\_/\_\_\_/\_\_\_  
May Substituted