

<b>Patient Information:</b>			PLEASE FAX: Patient Demographic Sheet & Prescription Insurance Card if available.
FIRST NAME:	LAST NAME:	DATE OF BIRTH:	
PRIMARY PHONE #:	SECONDARY PHONE #:	DRIVER'S LICENSE (if CII, CIII or CIV):	
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES:	

<b>Rx Medication Order:</b>	Pharmacist Please Compound:	<i>Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.</i>
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<input type="checkbox"/> <b>Diltiazem cream 2%</b> Dispense: 30gm 60gm 120gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.	<input type="checkbox"/> <b>Diltiazem/Lidocaine ointment 2%/3%</b> Dispense: 30gm 60gm 120gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.
<input type="checkbox"/> <b>Nifedipine ointment 0.2% 0.3%</b> Dispense: 30gm 60gm 120gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.	<input type="checkbox"/> <b>Nifedipine/Lidocaine ointment 0.5%/3%</b> Dispense: 30gm 60gm 120gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.
<input type="checkbox"/> <b>Nitroglycerin ointment 0.3% 0.5%</b> Dispense: 30 gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.	<input type="checkbox"/> <b>Nitroglycerin/Lidocaine ointment 0.3%/1.5%</b> Dispense: 60gm 90gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.
<input type="checkbox"/> <b>Nitroglycerin/Lidocaine ointment 0.3%/1%</b> Dispense: 60gm 90gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.	

(OPTIONAL) ADDITIONAL INSTRUCTIONS OR COMPOUNDS:

<b>Prescriber Information:</b>
PRESCRIBER'S SIGNATURE:
NPI# or DEA# (CTP# for CNPs only):
DATE:

<b>Contact Information:</b>