

Patient Information:			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:	

Rx Medication Order:	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"/> Diltiazem in WWB cream 2% Dispense: 30gm 60gm 120gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.	<input type="checkbox"/> Diltiazem/Lidocaine Ointment 2% 1.5% Dispense: 30gm 60gm 120gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.
<input type="checkbox"/> Nifedipine Ointment 0.2% 0.3% 0.5% Dispense: 30gm 60gm 120gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.	<input type="checkbox"/> Diltiazem/Lidocaine Ointment 2% 3% Dispense: 30gm 60gm 120gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.
<input type="checkbox"/> Nitroglycerin Ointment 0.2% 0.3% 0.4% Dispense: 30 gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.	<input type="checkbox"/> Nifedipine/Lidocaine Ointment 0.3% 1% Dispense: 30gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.
<input type="checkbox"/> Nitroglycerin/Lidocaine Ointment 0.3% 1% Dispense: 30gm 60gm Refills: _____ SIG Apply a pea-sized amount rectally, up to ____ time(s) per day, as directed.	

(OPTIONAL) ADDITIONAL INSTRUCTIONS OR COMPOUNDS:

Prescriber Information:	Contact Information:
PRESCRIBER'S SIGNATURE: NPI# or DEA# (CTP# for CNPs only): _____ DATE: _____	