



Please Fax to: (734) 585-5184 or Call in to: (734) 369-8782

ACCREDITED Compounding Pharmacy

3280 Washtenaw Ave. Suite B, Ann Arbor, MI 48104

| Patient Informat | tion: PLEASE FAX: Patient Demog | graphic Sheet & Prescription Insurance Card if available. |
|--|--|---|
| FIRST NAME: | LAST NAME: | DATE OF BIRTH: |
| PRIMARY PHONE #: | SECONDARY PHON | IE #: DRIVER'S LICENSE (if CII, CIII or CIV): |
| ADDRESS: | CITY, STATE, ZIP: | ALLERGIES: |
| Rx Medication (| Order: Pharmacist Please Compound | d: Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations. |
| | | |
| Diltiazer | m in WWB cream 2% | Diltiazem/Lidocaine Ointment 2% 1.5% |
| Dispense: 30gm | n 60gm 120gm Refills: | Dispense:30gm 60gm 120gm Refills: |
| SIG Apply a pea-sized amount rectally, up to time(s) per day, as directed. | | SIG Apply a pea-sized amount rectally, up to time(s) per day, as directed. |
| Nifedipine Ointment 0.2% 0.3% 0.5% Diltiazem/Lidocaine Ointment 2% 3% | | |
| Dispense: 30gm | 60gm 120gm Refills: | Dispense: 30gm 60gm 120gm Refills: |
| | ply a pea-sized amount rectally, up to e(s) per day, as directed. | SIG Apply a pea-sized amount rectally, up to time(s) per day, as directed. |
| Dispense: SIG Apply | cerin Ointment 0.2% 0.3% 0.4% 30 gm Refills: r a pea-sized amount rectally, up to r day, as directed. | Dispense: 30gm Refills: SIG Apply a pea-sized amount rectally, up to time(s) per day, as directed. |
| 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: | | |