

Compounding Order Form Anal Fissure & Hemorrhoid

These are your most prescribed options,
we can always work with providers and patients to
personalize treatment. Please check to order, we will fill
with standard directions written in italics unless
directed otherwise.

Patient Name:	_____
DOB:	_____
Phone:	_____
Address:	_____

Nifedipine 0.3%/Lidocaine 1.5% Rectal Ointment #30 grams

Nitroglycerin 0.2% Rectal Ointment #30 grams

add lidocaine 1.5%

Nitroglycerin 0.125% Rectal Ointment #30 grams

add lidocaine 2%

Diltiazem 2% Rectal Ointment #30 grams

add lidocaine 4%

-Apply pea sized amount rectally 3-4 times daily as directed

OR- Alternate Directions:

Signature: _____
Printed name: _____ NPI Number: _____
Number of Refills: _____ Date: _____