



Compounded Formulas for Hemorrhoids and Anal Fissures Rx Template

Patient's Name: _____ DOB: _____

Patient's Address: _____ City: _____ State _____, Zip: _____

Patient's Phone: _____ Drug Allergies: _____

Formulation Selection (choose one by checking the corresponding box)

Hemorrhoids

☐

Hydrocortisone 1%-Lidocaine 2% Rectal Suppository

Anal Fissures

☐

Diltiazem 2% in Petrolatum Ointment

☐

Diltiazem 2%-Lidocaine 5% in Petrolatum Ointment

☐

Nifedipine 0.2% in Lanolin/Petrolatum Ointment

☐

Nifedipine 0.3% in Lanolin/Petrolatum Ointment

☐

Nifedipine 0.5% in Lanolin/Petrolatum Ointment

☐

Nifedipine ____ (write in strength, 0.2%, 0.3%, 0.5%) and
Lidocaine ____ (write in strength, 1.5%, 2%, 5%) in Lanolin/Petrolatum Oint.

Quantity Selection (choose a dispense quantity by checking the corresponding box)

☐

15gm

☐

30gm

☐

____gm

Directions for Use (Choose pre-worded directions below or manually enter directions for use)

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Apply to perianal area 2-4 times daily as directed

☐

Refills?

☐

Refill ____ time(s)

☐

No Refills

Prescriber's Name: _____ Date: _____

Prescriber's Street Address: _____ City: _____ State: _____ Zip: _____

Prescriber's Phone Number: _____ Name of person submitting order: _____