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## Compounded Formulas for Hemorrhoids and Anal Fissures Rx Template

Patient's Name:		DOB:		
Patient's Address:	(	Oity:	State	, Zip:
Patient's Phone:		Drug Allergies:		
Formulation Selection (c	hoose one by c	hecking the corre	esponding box)	
Hydrocortisone 1%	-Lidocaine 2% R	Rectal Suppository	/	
Anal Fissures				
Diltiazem 2% in Per	trolatum Ointm	ent		
Diltiazem 2%-Lidoo	caine 5% in Petr	olatum Ointment		
Nifedipine 0.2% in	Lanolin/Petrola	atum Ointment		
Nifedipine 0.3% in	Nifedipine 0.3% in Lanolin/Petrolatum Ointment			
Nifedipine 0.5% in	Lanolin/Petrola	atum Ointment		
Nifedipine (w	rite in strength	, 0.2%, 0.3%, 0.5%	%) and	
Lidocaine (w	vrite in strength	ı, 1.5%, 2%, 5%) iı	n Lanolin/Petrol	atum OInt.
Quantity Selection (choose	se a dispense q	uantity by checki	ing the correspo	onding box)
15gm	30gm	gm	1	
Directions for Use (Choose	e pre-worded dire	ections below or m	anually enter dire	ctions for use)
Apply to perianal a	rea 2-4 times d	aily as directed	Refills?	
			Refill _	time(s) fills
escriber's Name:			Date:	
escriber's Street Address:		City:	State:	Zip:
escriber's Phone Number:		_ Name of person	submitting order	:

Fax completed forms to (503)-624-0591 or email them to info@northwestcompounders.com