GI & Oral Compound Sheet

Patient Information

NAME	DOB
ADDRESS	
CITY	STATE/ZIP
PHONE	EMAIL
ALLERGIES	SEX

Select Medication

☐ Hemorrhoid: **$49** **#30 GRAMS**

DILTIAZEM 2%/LIDOCAINE 2% OINTMENT/g
Sig: Apply to rectum twice a day as needed

☐ Hemorrhoid: **$30** **#5 suppositories**

Hydrocortisone 1% (20mg), Lidocaine 1% (20mg), Sucralfate 500mg supp
Sig: Insert supp rectally QD HS as needed

☐ Anal Fissures: **$49** **#30 GRAMS**

NIFEDIPINE 2% OINTMENT/g
Sig: Apply to rectum 3 times a day as needed

☐ Anal Fissures: **$54** **#30 GRAMS**

NIFEDIPINE 2%/LIDOCAINE 2% OINTMENT/g
Sig: Apply to rectum 3 times a day as needed

☐ GI Cocktail: **$145** **#2,700 mL**

MYLANTA/HYOSCYAMINE/LIDOCAINE 2% VISC
(equal parts **900** mL of each)
Sig: Take 30 mL by mouth every 8 hours for epigastric pain & nausea with vomiting X 30 d

☐ Magic Mouthwash **$35** **#240 mL**

MYLANTA/DIPHENHYDRAMINE 25 MG/ NYSTATIN SUSP/LIDOCAINE 2% VISC
(equal parts 60 mL of each)
Sig: Swish and spit 5 mL three times a day

☐ Tetracaine Lollipops: **$21** **#3 Lollipops**

TETRACAINE 0.5%
Sig: Lick by mouth for 10-15 secs q 2-3 hrs for relief of soreness & cough

Refills: _____

☐ **Custom Rx:** _____

_____

Sig: _____

Quantity: _____ **Refills:** _____

Prescriber Information

PROVIDER NAME:	
DEA #:	PHONE #:
PROVIDER SIGNATURE:	DATE:

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