

Rectal Preparations



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Please Send Patient Demographics
Along With New Prescription Orders,
Including List of Patient Allergies &
Insurance Information/Social Security
#

Patient Name: _____ Date of Birth: _____
Address: _____ Patient Phone: _____

Person Faxing Request: _____
Prescriber Name: _____ Prescriber Phone: _____
Prescriber DEA: _____ NPI: _____ Prescriber Fax: _____

**** This list is not all inclusive ****

**** Dosing, Content, or Directions may be modified below as needed ****

- **Diltiazem 2% Rectal Ointment**

Directions: Apply pea-sized amount to rectal area/anal canal twice daily as directed

Quantity: (please circle) **30gm – 60gm – 90gm** **Refills:** _____

- **Nifedipine Rectal Ointment (choose strength) 0.2% -- 0.5%**

Directions: Apply pea-sized amount to rectal area/anal canal two to three times daily as directed

Quantity: (please circle) **30gm – 60gm – 90gm** **Refills:** _____

- **Nifedipine/Lidocaine 0.2/5% Rectal Ointment**

Directions: Apply pea-sized amount to rectal area/anal canal two to three times daily as directed

Quantity: (please circle) **30gm – 60gm – 90gm** **Refills:** _____

- **Nitroglycerin 0.125% Rectal Ointment**

Directions: Apply pea-sized amount to rectal area/anal canal two to three times daily as directed

Quantity: (please circle) **30gm – 60gm – 90gm** **Refills:** _____

- **Nitroglycerin/Lidocaine 0.125/5% Rectal Ointment**

Directions: Apply pea-sized amount to rectal area/anal canal two to three times daily as directed

Quantity: (please circle) **30gm – 60gm – 90gm** **Refills:** _____

Prescriber Signature: _____ **Date:** _____