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Please Fax This Completed Form to **615-891-7393**

## COLON & RECTAL/GASTRO/UROLOGY

ANY OF THESE MEDICATIONS CAN BE MODIFIED TO YOUR LIKING

MEDICATION	FORMS	ACTIONS/USES	QUANTITY
( ) Nitroglycerin 0.2%	ointment/gel	Anal fissure	30gm
( ) Diltiazem 2%	ointment/gel	Anal fissure	30gm
( ) Nifedipine 0.2% - 0.5%	ointment/gel	Anal fissure/wound healing	30gm
( ) Lidocaine 2%	ointment/gel	Pain relief	30gm
( ) Misoprostal 0.002% & phenytoin 0.2%	ointment/gel	Anal fissure/wound healing	30gm
( ) Rectal Rockets (hydrocortisone 2%/lidocaine3%)	Suppository	Hemorrhoid	3 – 5 ea
( ) Mesalamine 500mg	Suppository/Enema	Ulcerative Colitis	30 ea
( ) Kaolin-PG	Suspension	Diarrhea	240ml
( ) Bismuth subsalicylate	Suspension	GI upset	480ml
( ) Lansoprazole ( __ ) mg/ml	Suspension	GERD for infants/kids	QS
( ) Omeprazole ( __ ) mg/ml	Suspension	GERD for infants/kids	QS
( ) Domperidone 5mg 10mg	Capsule	GI motility	90 ea
( ) GI Cocktail (Diphenhydramine___mg/ml, Maalox___ml, Lidocaine___%, Sucrafate___mg/ml, Tetracycline___mg/ml, Nystatin___u/ml)	Suspension	GI upset, NVD	240ml
( ) Promethazine 25mg/1ml	Transdermal Cream	Nausea/Vomiting	10ml
( ) Scopolamine 0.25mg/0.1ml	Transdermal Cream	Nausea/Motion Sickness	3ml
( ) Ondansetron (Zofran) 4mg or 8mg	Suppository/Cream	Nausea/vomiting	QS
( ) Sildenafil 1% +/- Arginine 6%	Gel	Erectile dysfunction	10ml
( ) Belladonna Extract 15mg /Morphine 7.5mg (Formerly B&O Suppository Unavailable)	Suppository	Pain/Spasms	15ml/30ml
( ) Podophyllum +/- Cantharidin +/- salicylic acid	Topical solution	Genital warts/plantar warts	5ml

( ) Others \_\_\_\_\_

Direction for use or OFFICE USE: \_\_\_\_\_

Refills: \_\_\_\_\_

Comments: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Doctor's Signature \_\_\_\_\_

Doctor's Address \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Patient's Name \_\_\_\_\_ Patient's Phone # \_\_\_\_\_