**Date:** ___________ **Patient Name**: ________________________________________
**DOB**: ____________**Address:** __________________________________________
**City:** ____________**State:** _____ **Phone:** ____________ **Allergies:** _____________

☐ **Call When Ready** ☐ **Text Message When Ready** ☐ **Delivery** ☐ **Mail Out**

☐ **Mesalamine 4 gm/60 ml /Budesonide 2 mg/60 ml Poloxamer Enema**
*(circle one)* Qty: #30, 60, 90 or: ____________
Sig: ______________________________________

☐ **Mesalamine 4 gm/60 ml /Budesonide 2 mg/60 ml Retention Enema (MucoLox™)**
*(circle one)* Qty: #30, 60, 90 or: ____________
Sig: ______________________________________

☐ **Sodium Acetate 60mM/Sodium Propionate 30 mM/Sodium Butyrate 40 mM Enema**
*(circle one)* Qty: #30, 60, 90 or: ____________
Sig: ______________________________________

☐ **Sodium Butyrate 100 mM/Liter Enema (MucoLox™)**
*(circle one)* Qty: #30, 60, 90 or: ____________
Sig: ______________________________________

☐ **Tacrolimus 4 mg/60 ml Rectal Enema (MucoLox™)**
(circle one) Qty: #30, 60, 90 or: ____________
Sig: ______________________________________

☐ **Tacrolimus 0.1% Rectal Gel (MucoLox™/VersaBase®)**
(circle one) Qty: #30gm, 60gm, 90gm or: ______
Sig: ______________________________________

☐ **Cucumin 140 mg/20 ml Rectal Enema (MucoLox™)**
(circle one) Qty: #30, 60, 90 or: ____________
Sig: ______________________________________

☐ **Lidocaine HCl 1%/Beta Glucan 0.5%/Dexpanthenol 1%/Glutamine 2% Rectal Suspension Enema (MucoLox™)**
(circle one) Qty: #30, 60, 90 or: ____________
Sig: ______________________________________

________________________________________ **Refills: 1 2 3 4 5 PRN**

***Healthcare Provider Signature:***

**Print Name**: _________________________________ **Agent sending**: __________________________

**NPI**: ______________________________________ **DEA**: ________________________________

**Clinic Name:** ______________________________
**Clinic Address:** ____________________________
**Clinic Phone/Fax:** __________________________