



Date: _____ Patient Name: _____
 DOB: _____ Address: _____
 City: _____ State: _____ Phone: _____ Allergies: _____
 Call When Ready Text Message When Ready Delivery Mail Out

Nifedipine 0.3%/Lidocaine 2.5%/Hydrocortisone 1% Ointment

Qty: #30 gm
 Sig: Apply topically to external rectal area four times daily
 or _____

Nifedipine 0.3%/Lidocaine 1.5% Ointment

Qty: #30 gm
 Sig: Apply topically to external rectal area four times daily
 or _____

Nifedipine 0.3%/Lidocaine 5% Ointment

Qty: #30 gm
 Sig: Apply topically to external rectal area four times daily
 or _____

Diltiazem HCl 2% Ointment

Qty: #30 gm
 Sig: Apply topically to external rectal area four times daily
 or _____

Nitroglycerin 0.2%, 0.3%, or 0.5% (circle strength)

Qty: #30 gm
 Sig: Apply topically to external rectal area four times daily
 or _____

Baclofen/Amitriptyline 2%/2% PLO Gel

Qty: #30 gm
 Sig: Apply topically to rectal area 10-15 minutes prior to anal fissure ointment application for pain

Refills: 1 2 3 4 5 PRN

 Healthcare Provider Signature:

Print Name: _____ Agent sending: _____

NPI: _____ DEA: _____

Clinic Name: _____
 Clinic Address: _____
 Clinic Phone/Fax: _____

