

Inland Compounding Pharmacy, Inc. 24747 Redlands Blvd., Suite F, Loma Linda, CA 92354
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General Practice - Gastro - Intestinal Prescription Form

PATIENT INFORMATION:

Patient Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Birth Date: _____

Allergies: _____ e-mail Address: _____

PHYSICIAN INFORMATION:

Physician Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ e-mail Address: _____

(Check only one prescription per form)

Hemorrhoids: (Circle desired ingredients & strengths)

Anti-inflammatory

Hydrocortisone 1% 2.5%

Anesthetics

Lidocaine 1% 2.5%
Prilocaine 1% 2.5%
Tetracaine 2% 4%

Vasoconstrictor

Phenylephrine 0.5% 1%

(Check a base & a quantity for above) Cream Suppositories Rocket Suppository
 30 gm, 60 gm 12 ea., 24 ea. 3 ea.

Anal Fissures:

Nitroglycerin 0.2% 1%

Other:

Phenytoin 0.2%
Misoprostol 0.002%

Anesthetic:

Dibucaine 1%
Lidocaine 1% 2.5%
Pramoxine 1% 2.5%
Tetracaine 2% 4%

Quantity:

30 g 60 gm

Reflux:

Domperidone Capsules 10 mg 15 mg 20 mg 10 mg/ml Oral Suspension Quantity _____

Directions:

REFILL _____ TIMES

D.E.A.: _____ Physician's Signature: _____