

Inland Compounding Pharmacy, Inc. 24747 Redlands Blvd., Suite F, Loma Linda, CA 92354  
Phone: 909 478-3842 Fax: 909 478-3853

### OB/Gyn 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)

Antiinflammation

Hydrocortisone 1% 2.5%

Anesthetics

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

Vasoconstrictor

Phenylephrine

(Check a base & a quantity)

\_\_\_ Cream \_\_\_ Suppositories \_\_\_ Rocket Suppository  
\_\_\_ 30 gm, \_\_\_ 60 gm \_\_\_ 12 ea., \_\_\_ 24 ea. \_\_\_ 3 ea.

**Progesterone Suppositories:** (Check one)

\_\_\_ 25 mg \_\_\_ 50 mg \_\_\_ 100 mg \_\_\_ 200 mg Quantity: \_\_\_ 12 ea., \_\_\_ 24 ea.

**Recurrent Vaginosis:**

Boric Acid 600 mg (Check one) \_\_\_ Capsules \_\_\_ Suppositories Quantity: \_\_\_\_\_

**Vaginal Dryness/Atrophy:** (Check mg/gm of Vaginal Cream Base)

Estriol \_\_\_ 0.5 mg \_\_\_ 1 mg \_\_\_ 2 mg

Testosterone \_\_\_ 0.25 mg \_\_\_ 0.5 mg

Quantity: \_\_\_ 30 gm \_\_\_ 60 gm **SIG: 1 gm vag HS for 7-10 days, Then 2 to 3 times/wk**

Directions:

REFILL \_\_\_\_\_ TIMES

D.E.A.: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_