

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: _____