



This Referral form is provided to help with patient safety. Prescribers are reminded that patients may choose any pharmacy of their choice

**Patient Information**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_ . \_\_\_\_ . \_\_\_\_

**E-mail:** \_\_\_\_\_

**Post Surgical/Anorectal Procedures**

<input type="checkbox"/> <b>Diclofenac 3%, Lidocaine 1.5%, Metronidazole 10%, Nifedipine 0.5% Ointment</b>	Apply 1-2 grams to the affected area 3-4 times daily. Rub in Well for 1-2 Minutes	<input type="checkbox"/> 120 Grams (30 day supply) <input type="checkbox"/> Other: _____	<input type="checkbox"/> PRN <input type="checkbox"/> Other: _____
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**Anal Fissures/Hemorrhoids**

<input type="checkbox"/> <b>Diltiazem 2% Ointment</b>	Apply 1 gram to the affected area 2-3 times daily as directed. FOR EXTERNAL USE ONLY	<input type="checkbox"/> 35 Grams <input type="checkbox"/> 70 Grams <input type="checkbox"/> Other: _____	<input type="checkbox"/> PRN <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Lidocaine 5% Ointment</b>	Apply topically to perianal region twice daily as needed	<input type="checkbox"/> 90 grams (30 day supply) <input type="checkbox"/> Other: _____	<input type="checkbox"/> PRN <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Anusol-HC 25mg Suppositories</b>	Unwrap and insert 1 suppository once daily while symptoms persist	<input type="checkbox"/> 30 suppositories <input type="checkbox"/> Other: _____	<input type="checkbox"/> PRN <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Lidocaine 3%, Nifedipine 0.3% Ointment</b>	Apply 1 gram to the affected area 2-3 times daily as directed. FOR EXTERNAL USE ONLY	<input type="checkbox"/> 90 grams (30 day supply) <input type="checkbox"/> Other: _____	<input type="checkbox"/> PRN <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Lidocaine 3%, Diltiazem 2% Ointment</b>	Apply 1 gram to the affected area 2-3 times daily as directed. FOR EXTERNAL USE ONLY	<input type="checkbox"/> 90 grams (30 day supply) <input type="checkbox"/> Other: _____	<input type="checkbox"/> PRN <input type="checkbox"/> Other: _____
<input type="checkbox"/> <b>Hydrocortisone 2%, Lidocaine 2% Rectal Cream</b>	Apply 1 applicatorful as directed to the affected area as needed	<input type="checkbox"/> 30 Grams (30 day supply) <input type="checkbox"/> Other: _____	<input type="checkbox"/> PRN <input type="checkbox"/> Other: _____

**Other RX's**

<input type="checkbox"/>			<input type="checkbox"/> PRN <input type="checkbox"/> Other: _____
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**Signature**

\_\_\_\_\_ **Dispense as Written**

\_\_\_\_\_ **Substitution Permissible**

**OTC ITEMS:**

- Critic-Aid
- Balneol
- Calmol 4 Suppositories
- Calmoseptine
- HC 1% Suppositories
- Miralax
- Recticare