

Gastroenterology Compounding

Patient Information			
Patient Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		City:	State: Zip:
Phone:	Email:		Language:
Allergies:			<input type="checkbox"/> NKDA

Pick Up / Ship to: Patient Office Alternative Address:
 **By providing your mobile phone number you agree to receive a text message from with instructions and steps to provide payment for your medication. This is not advertising.

Insurance: Please fax copy of insurance card (front and back)

Prescriber Information			
Practice Name:		Office Contact:	
Prescriber:		NPI:	DEA:
Practice Address:		City:	State: Zip:
Phone Number:		Fax Number:	

Clinical Information	
Diagnosis:	ICD-10:

Compounded Prescription Information

Compound	Directions	QTY	Refills	Compound	Directions	QTY	Refills
Compounded Rectal Enemas				Compounded Rectal Suppositories			
<input type="checkbox"/> Hydrocortisone 100 mg	<input type="checkbox"/> Initial: Use 1 enema rectally daily for 2-3 weeks <input type="checkbox"/> Maintenance: Use 1 enema rectally every other day at bedtime			<input type="checkbox"/> Imiquimod 6 mg	<input type="checkbox"/> Rectal Rocket <input type="checkbox"/> Standard Suppository Insert 1 suppository rectally 3 times a week at bedtime for 16 weeks		
<input type="checkbox"/> Methylprednisolone Acetate 40 mg	<input type="checkbox"/> Initial: Use 1 enema rectally twice daily for 1 week <input type="checkbox"/> Maintenance: Use 1 enema rectally daily for 3 weeks			<input type="checkbox"/> Clindamycin 150 mg	<input type="checkbox"/> Rectal Rocket <input type="checkbox"/> Standard Suppository Insert 1 suppository rectally daily at bedtime for 3 or 7 days		
<input type="checkbox"/> Budesonide 1 mg/30 mL	Use 2 mg (60 mL) enema rectally twice daily until remission			<input type="checkbox"/> Nystatin 100,000 units/suppository	<input type="checkbox"/> Rectal Rocket <input type="checkbox"/> Standard Suppository Insert 1 suppository rectally daily at bedtime for 3 or 7 days		
<input type="checkbox"/> "Short Chain Fatty Acid" Sodium Acetate 6mM/Sodium Propionate 30mM/ Sodium Butyrate 40mM in 60ml	Use 1 enema rectally daily until a sustained clinical response is obtained			<input type="checkbox"/> Fluorouracil <input type="checkbox"/> 50 mg <input type="checkbox"/> 100 mg	<input type="checkbox"/> Rectal Rocket <input type="checkbox"/> Standard Suppository Insert 1 suppository rectally as needed		
<input type="checkbox"/> Sulfasalazine	<input type="checkbox"/> 50 mg/mL (60 mL) <input type="checkbox"/> 100 mg/mL (30 mL) Use 3 g enema rectally daily at bedtime until a sustained clinical remission is obtained			<input type="checkbox"/> Sulfasalazine <input type="checkbox"/> 250 mg <input type="checkbox"/> 500 mg	<input type="checkbox"/> Rectal Rocket <input type="checkbox"/> Standard Suppository Insert 2 suppositories in the morning and two suppositories at bedtime		
<input type="checkbox"/> Vancomycin 500 mg/100 mL	Use 1 enema rectally every 6 hours until a sustained clinical response is obtained			Compounded Rectal Ointments			
<input type="checkbox"/> Tacrolimus	4 mg/60 mL Use 4 g (60 mL) enema rectally daily until a sustained clinical remission is obtained			<input type="checkbox"/> Nifedipine 0.2% <input type="checkbox"/> Nifedipine _____% <input type="checkbox"/> Diltiazem 2% <input type="checkbox"/> Diltiazem _____% <input type="checkbox"/> Nitroglycerin 0.2% <input type="checkbox"/> Nitroglycerin _____%	Apply fingertip length of ointment rectally as directed		
<input type="checkbox"/> Mesalamine 4 g/60 mL	Use 4 g (60 mL) enema rectally daily at bedtime for 3-6 weeks			<input type="checkbox"/> Metronidazole 10%	Apply fingertip length of ointment rectally after surgery and as directed		
<input type="checkbox"/> Docusate Sodium 283 mg/3.88 g	Use 1 enema rectally daily for 6 days			Esophagitis			
Miscellaneous				<input type="checkbox"/> Budesonide Oral Suspension 1 mg/10 mL	Take 5 mg (50 mL) by mouth daily for 12 weeks followed by a 3 week taper period		
<input type="checkbox"/> Lansoprazole 3mg/ml suspension				Other:			
<input type="checkbox"/> Omeprazole 2mg/ml suspension				<input type="checkbox"/>			
<input type="checkbox"/> Nifedipine /Diltiazem Lidocaine ointment <input type="checkbox"/> 0.2%/2%/2% <input type="checkbox"/> 2%/2% / 2%							

Prescriber Signature and Date (Please sign and date below)	
Prescriber Signature Check here to authorize the receiving pharmacy and its representatives to act as an agent to initiate and execute the insurance prior authorization process and receive forms on the prescriber's behalf. "I certify that the above therapy is medically necessary, and the above information is accurate to the best of my knowledge"	Date

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