

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
<input type="checkbox"/> Pick Up / Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Office <input type="checkbox"/> Alternative Address:			

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	Date
"I authorize Curexa® 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"	

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