TWO RIVERS PHARMACY

Gastrointestinal

Prescription Order Form

Please fax to: **910-748-0245** or call in to: **910-748-0243**

101 Broadfoot Ave, Fayetteville, NC 28305

503A compounding pharmacy
USP <797> and <800> compliant
Licensed in North Carolina

Patient Information

PLEASE FAX: Patient demographic sheet & prescription insurance card if available.

FIRST NAME | LAST NAME | DATE OF BIRTH | PHONE #

ADDRESS | CITY, STATE, ZIP | ALLERGIES

Rx Medication Order

Prescriber: you may change the directions, or delete, substitute or add medications.

Pharmacist, please compound:

ANAL FISSURE

- ☐ **Diltiazem 2% topical**
- ☐ **Nifedipine 0.2% rectal ointment**
- ☐ **Nifedipine 0.3% / Lidocaine 1.5% rectal ointment**
- ☐ **Nitroglycerin 0.125% topical ointment**
- ☐ **Nitroglycerin 0.2% topical ointment**
- ☐ **Nitroglycerin 0.3% topical ointment**
- ☐ **Nitroglycerin 0.4% / Lidocaine 2% topical ointment**

SIG ☐ Apply to affected area 3-4x daily.

Dispense: ☐ 30 g **Refills:**

GI COCKTAILS

- ☐ **GI cocktail 13:2:1** (Maalox 13 : Gaviscon 2 : Lidocaine 1)
- ☐ **GI cocktail 5:2:1** (Maalox / Dicyclomine / Lidocaine)
- ☐ **GI cocktail 1:1:1** (Lidocaine / Maalox / Gaviscon)

SIG ☐ Take 5 mL by mouth before meals and at bedtime as needed.

☐ Take 5 mL by mouth every 4 hours as needed.

Dispense: ☐ 240 mL ☐ 480 mL

Refills:

(Optional) Additional instructions or compounds

Prescriber Information

PRESCRIBER NAME AND CREDENTIALS | NPI # | DEA #

STREET ADDRESS | CITY, STATE, ZIP | PHONE | FAX

PRESCRIBER'S SIGNATURE | **DATE**

Want these forms preprinted with your practice's information? Email travin@tworiversrx.com or call 910-748-0243.

This form is a prescription when signed by a licensed prescriber. A pharmacist will verify the order and contact your office with any questions before compounding.