



U Save It Pharmacy - Peach Valley

**2310 Chesnee Hwy,
Spartanburg, SC 29303**

P: 864-577-0087 F:864-577-0599

PEACH VALLEY

Patient's Name: _____ DOB: _____ Date: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

Eosinophilic Esophagitis (EOS) or Eosinophilic Colitis:

- Budesonide Oral Suspension (Mucolox) 1mg/ 10ml 2mg/ 10mg
- Montelukast 1mg/ml/ Ketotifen 0.5mg/ml/ Budesonide 0.5mg/ml Oral Suspension (Mucolox)

Disp: _____ ml Refills: _____

Sig: Take _____ ml PO BID **shake well**

Irritable Bowel Syndrome (IBS), Ulcerative Colitis:

- Mesalamine 4 Gm/ 60ml/ Budesonide 2mg/ 60ml Enema
- Mesalamine 4 Gm/ 60ml/ Budesonide 4mg/ 60ml Retention Enema (Mucolox)
- Tacrolimus 4mg/ 60ml Rectal Enema (Mucolox)

Disp: _____ enemas Refills: _____

Sig: Use 1 enema rectally BID or PRN

- Tacrolimus 0.1% Rectal Gel (Mucolox/ VersaBase)

Disp: 30gm Refills: _____

Sig: Use 1 enema or Apply rectally BID or PRN

IBS:

- Budesonide 2mg/ 30ml Retention Enema (Mucolox)
- Mesalamine 4 Gm/60ml/ Sodium Butyrate 100mM/Liter Retention Enema (Mucolox)
- Loperamide HCL 1mg/ GM Rectal Gel (Mucolox/ VersaBase)

Disp: _____ enemas Refills: _____

Sig: Use 1 enema UD rectally BID or PRN

- Dicyclomine 10mg/ml/ Hyoscyamine Sulfate 0.125mg/ml Oral drops

Disp: 30ml 60ml Refills: _____

Sig: Take _____ ml PO UD BID or PRN

Custom compound: _____

Disp: _____ Refills: _____

Sig: _____

Doctor Name (Printed): _____ DEA: _____ Phone: _____

Dispense as Written

Substitution Permitted