



PEACH VALLEY

U Save It Pharmacy - Peach Valley

2310 Chesnee Hwy,
Spartanburg, SC 29303

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

Patient Name: _____ DOB: _____ Phone #: _____

Address: _____ City/State/Zip: _____

COMPOUNDED MEDICATION	STRENGTH	DISPENSE	DIRECTIONS	REFILLS
<u>Rectal Rockets Hemorrhoid Suppos:</u> Lidocaine/Hydrocortisone Suppos	<input type="checkbox"/> 3% / 2%	<input type="checkbox"/> #3 Suppos <input type="checkbox"/> # _____	Unwrap and insert one suppository rectally QHS	
<u>Anal Fissures:</u> Diltiazem Ointment	<input type="checkbox"/> 2%	<input type="checkbox"/> 30gm	Apply a pea sized amount rectally 2 to 3 times a day	
Diltiazem / Lidocaine Ointment	<input type="checkbox"/> 2 / 3% <input type="checkbox"/> _____	<input type="checkbox"/> 30gm	Apply a pea sized amount rectally 2 to 3 times a day	
Nifedipine Ointment	<input type="checkbox"/> 0.3% <input type="checkbox"/> 0.4%	<input type="checkbox"/> 30gm	Apply a pea sized amount rectally 2 to 3 times a day	
Nifedipine / Lidocaine Ointment	<input type="checkbox"/> 0.4 / 5% <input type="checkbox"/> _____	<input type="checkbox"/> 30gm	Apply a pea sized amount rectally 2 to 3 times a day	
Metronidazole Ointment	<input type="checkbox"/> 10%	<input type="checkbox"/> 30gm	Apply a pea sized amount rectally twice daily for 14 days	
Nitroglycerin	<input type="checkbox"/> 0.2%	<input type="checkbox"/> 30gm	Apply a pea sized amount rectally 2 to 3 times a day **May Cause Headaches**	
<u>Other:</u> Mesalamine / Hydrocortisone Suppos	<input type="checkbox"/> 500 / 5mg	<input type="checkbox"/> #30 Suppos <input type="checkbox"/> # _____	Unwrap and insert one suppository rectally QHS	
Diazepam Suppositories	<input type="checkbox"/> 10 mg	<input type="checkbox"/> #15 Suppos <input type="checkbox"/> #30 Suppos	Unwrap and insert one suppository rectally QHS for spasms. May cause drowsiness.	
<u>Custom Order:</u>				

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

Dispense as Written

Substitution Permitted