

Anal Fissures

To: Tache Pharmacy
400 Tache Avenue
Winnipeg, MB
Phone: (204) 233-3469
Fax: (204) 231-1739

Patient Name _____
Address _____
Date of Birth _____
PHIN _____
Phone _____
Today's Date _____

Or: _____

Topical Treatment

Check the Ingredient(s) & Strength

Nifedipine ___ 0.2% ___ 0.3% ___ 0.5%
Diltiazem ___ 2%
Nitroglycerin ___ 0.1% ___ 0.2% ___ 0.4% ___ 0.6%
Lidocaine ___ 1% ___ 2%
Hydrocortisone ___ 1% ___ 2%

ONLY USE 1 OF THESE 3

Other: _____ %

All products will be in Vaseline as a base unless otherwise specified

Other base: _____

Mitte: _____ gm

Sig: Apply to the affected area 2 to 3 times daily and after a bowel movement

OR: _____

Refill: _____

Rectal Rocket Suppository

Check the Ingredients and Strength

Misoprostol ___ 0.0024%
Sucralfate ___ 15.6%
Hydrocortisone ___ 1% ___ 2%
Lidocaine ___ 1% ___ 2%
Nifedipine ___ 0.2% ___ 0.3% ___ 0.5%

**NOTE: USUALLY ALL 5
INGREDIENTS ARE USED
TOGETHER**

Other: _____ %

Treatment for anal fissures is once daily at bedtime for 4 - 7 days.

(NOTE: Use of rectal rockets for hemorrhoids is a 2 day treatment)

Mitte: _____ Rectal Rockets

Sig: Instil 1 rectal rocket at bedtime for _____ days. Lay in a supine position.

Refill: _____

Physician Name (print): _____

Address: _____

Phone: _____

Signature: _____

Prescription Certification: This prescription represents the original of the prescription. The pharmacy addressee noted above is the only intended recipient and there are no other. The original prescription has been invalidated and securely filed and it will not be transmitted elsewhere at another time.

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