

Anal Fissures / Hemorrhoids

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%	ONLY USE 1 OF THESE 3
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Lidocaine ___ 1% ___ 2%
 Hydrocortisone ___ 1% ___ 2%
 Sucralfate ___ 2% ___ 4% ___ 7%
 Misoprostol ___ 0.0024%
 Other: _____ %

All products will be in Vaseline-type 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%
 Other: _____ %

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

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

(NOTE: Use of rectal rockets for hemorrhoids is often a 3 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: _____
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Signature: _____

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

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