



DIGESTIVE HEALTH ASSOCIATES
PROFESSIONAL CORPORATION

Patrick D. Gerstenberger, MD Steven R. Christensen, MD Stuart B. Saslow, MD Emily K. Ward, MD
Christopher Stewart, PA-C Kory Williams, PA-C Laura E. Parker, NP

Patient Name: _____ Age: _____

Address: _____ Date: _____

#1 – Hydrocortisone Acetate Suppositories (Anusol HC). 1 suppository, PR, B.I.D. as directed

Quantity - _____ Refill _____ PRN NR

#2 – Fluconazole (Diflucan) - _____ mg. 1 tab, P.O. Q.D.

Quantity - _____ Refill _____ PRN NR

#3 – Lidocaine 5% Ointment OR Lidocaine 2.5% + Prilocaine 2.5% Ointment – Whichever is less costly.. Apply PR up to Q4h PRN as directed.

Quantity - _____ Refill _____ PRN NR

#4 – Clotrimazole and Betamethasone Dipropionate Cream (Lotrisone). Apply to affected area B.I.D.

Quantity - _____ Refill _____ PRN NR

#5 – COMPOUND Nitroglycerine Ointment 0.125%. Compound 2% N.O. with petroleum base 1:15, to yield 0.125% N.O. Use “pea-sized” amount P.R. as directed B.I.D.

Quantity - _____ Refill _____ PRN NR

#6– COMPOUND Nitroglycerine Ointment 0.2%. Compound 2% N.O. to yield 0.20 % N.O. in petroleum base. Use “pea-sized” amount P.R. as directed B.I.D.

Quantity - _____ Refill _____ PRN NR

#7 – Diltiazam Cream 2% . Apply pea-sized amount PR B.I.D. or T.I.D. as directed.

Quantity:- _____ Refill _____ PRN NR

LABEL

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To ensure brand name dispensing, prescriber must hand write “dispense as written” on the prescription