

Office Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ - _____

Patient Name: _____

Address: _____

City: _____ State: _____ Zip: _____

DOB: ___/___/___ Phone: () _____ - _____

Allergies: _____

New Patients: Fax current insurance information if applicable

Gastrointestinal Medicine

	Medications	Concentration	Quantity	Directions	Refills
Capsules	Budesonide SR Capsule with Lactobacillus 25mg	<input type="checkbox"/> 3.5 mg <input type="checkbox"/> 10 mg	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/>	take ___ CAP PO Q _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Vancomycin HCL (dye free) Capsule with Lactobacillus 25mg	150 mg	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/>	take ___ CAP PO Q _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Mesalamine SR Capsule with Lactobacillus 25mg	<input type="checkbox"/> 300 mg	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/>	take ___ CAP PO Q _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Bismuth SS/Metronidazole / Tetracycline HCL Capsule with Lactobacillus 25mg	175/125/125 mg	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/>	take ___ CAP PO Q _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Mebendazole with Lactobacillus 25mg	100 mg	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/>	take ___ CAP PO Q _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Lansoprazole Capsule	30 mg	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/>	take ___ CAP PO Q _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Omeprazole Capsule	40 mg	<input type="checkbox"/> 30 <input type="checkbox"/> 60 <input type="checkbox"/> 90 <input type="checkbox"/>	take ___ CAP PO Q _____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none

	Medications	Concentration	Quantity	Directions	Refills
Proton Pump Inhibitors	Lansoprazole Oral Solution	<input type="checkbox"/> 3 mg/ml	<input type="checkbox"/> 30 <input type="checkbox"/>	take ___ mL PO qDay	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Omeprazole Oral Solution	<input type="checkbox"/> 2 mg/ml <input type="checkbox"/> 5 mg/ml	<input type="checkbox"/> 30 <input type="checkbox"/>	take ___ mL PO qDay	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none

	Medications	Concentration	Directions	Supplied	Refills
Anal Fissure	Nitroglycerin/ Lidocaine (ointment)	<input type="checkbox"/> 0.13% with lidocaine 5%	Use "pea sized" amount PR UR BID	30 grams	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Nitroglycerin (ointment)	<input type="checkbox"/> 0.3%	Use "pea sized" amount PR UR BID	30 grams	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none

	Medications	Concentration	Directions	Supplied	Refills
Enemas & Suppository	Budesonide	<input type="checkbox"/> .02 mg/mL enema	Insert ___ PR qD UD	___ mL	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
	Mesalamine	<input type="checkbox"/> 575mg with lidocaine 0.5% Suppository	Insert ___ SUPP PR HS	___ mL	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none
		<input type="checkbox"/> 4gm/60mL enema	Insert ___ PR qD UD	___ mL	
					<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> ___ <input type="checkbox"/> PRN <input type="checkbox"/> none

Additional Directions: _____



Phone: (855) 277-2488 Fax: (888) 689-9892

Physician Name: _____

Physician Signature: _____

DEA# _____ NPI# _____

Date: ___/___/___