DOCTOR'S CHOICE PHARMACY

FAX : 909-981-5508
TEL : 909-532-5588
639 N 13TH AVE, UPLAND CA 91786

Patient Name : Phone Number:

Address : DOB:

SPECIAL DEAL
Second Tube 50 %off

Anal Fissure Hemorrhoid

℞

- ☐ Diltiazem 2% ointment
- ☐ Diltiazem 2% / Lidocaine 5% ointment
- ☐ Nifedipine 0.2% / Lidocaine 2% ointment
- ☐ Nitroglycerine ☐ 0.125 % ☐ 0.25% ☐ 0.42 ☐ ___% ointment
- ☐ Nitroglycerine ☐ 0.125 % ☐ 0.25% ☐ 0.42 ☐ ___% / Lidocaine 5% ointment

Sig: Apply a pea-sized amount to affected area ___times daily as needed

Qty: ☐ 30 gm (1tube) ☐ 60 gm (2 tube) ☐ 90 gm (3 tubes) ☐ Others:_____

- ☐ Hydrocortisone 25% / Lidocaine 75 % ☐ Supp ☐ Rocket

Sig: Insert ___ Supp ___times daily Qty:___ Supp

Ulcerative colitis

- ☐ Mesalamin 500 mg Supp

Sig: Insert ___ Supp ___times daily Qty: ___ Supp

GERD

- ☐ Magic MouthWash 1:1:1

Sig: ___ml Swish & Spit ___times daily

- ☐ Omeprazol Liquid 10mg/ml

Sig: ___ml po ___times daily

- ☐ Lansoprazol Liq 10 mg/ml Qty:____ml

Sig: ___ml po ___times daily

Prescriber Signature

.....

Date

.....

☐ Refill

Prescriber Name : .....

Phone Number: ..... NPI:.....

Adress: .....