Free Local Delivery

HOLLY PARK PHARMACY

Most Insurance Accepted

Prescriber's Name_____
Address_____
City_____State_____
PH ( )_____FAX ( )_____
DEA#_____NPI#_____

Patient's Name_____
Patient's DOB_____/_____/_____
Address_____
City_____State_____Zip_____
Cell Phone ( ) _____

GASTROENTEROLOGY

Pain [ ] Diclofenac 4% in Lipoderm Topical Cream [ ] 30ml [ ] 60ml [ ] 120ml	Eosinophilic Esophagitis [ ] Budesonide 3mg/5ml Oral Suspension [ ] 150ml [ ] _____ml
Motility Disorders [ ] Domperidone _____mg Capsules Quantity: _____	Hemorrhoids (Internal or External) [ ] Nifedipine 0.2% / Bethanechol 0.1% / Misoprostol 0.003% / Lidocaine 1% Rectal Rocket Suppository Quantity:_____
Stomach Spasms [ ] Donnatal Elixir / Maalox / Lidocaine 1:1:1 GI Cocktail [ ] 120ml [ ] 240ml [ ] 360ml	Anal Fissures, Hemorrhoids [ ] Diltiazem 2% / Lidocaine 5% / Pramoxine 2.5% Suppository Quantity:_____
Hemorrhoids [ ] Diltiazem 2% / Lidocaine 5% / Pramoxine 2.5% Rectal Ointment [ ] 30gm [ ] 45gm [ ] 60gm	[ ] _____ _____ Quantity:_____

OTC - PROBIOTICS

[ ] Probiotics Extra Strength (35 billion) Capsules - Sig. Take one capsule by mouth once daily during flare-ups

[ ] Probiotics Ultramax (4 billion) Capsules - Sig. Take capsule by mouth once daily for regular maintenance

Refills:_____ SIG:_____

_____

Prescriber Signature_____

HOLLY PARK PHARMACY
3058 Wake Forest Road
Raleigh, NC 27609
Phone: (919) 865-9993
Fax: (919) 865-9998