Anal Fissures / Hemorrhoids

To: **Dynasty Pharmacy**
5460 Yonge St Unit 106
North York, ON-M2N 6K7
Phone: 416-250-5460
Fax: 416-250-5461

Or: _____

Patient Name _____
Address _____
Date of Birth _____
PHIN _____
Phone _____
Today's Date _____

Topical Treatment

Check the Ingredient(s) & Strength

Nifedipine	**____ 0.2% ____0.3% ____ 0.5%**	**ONLY USE 1 OF THESE 3**
Diltiazem	**____ 2%**	

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%**

NOTE: USUALLY ALL 5 INGREDIENTS ARE USED TOGETHER

Other: _____ **_____ %**

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:

Signature: _____