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Please **Fax** This Completed Form to **615-891-7393**

UROLOGY

ANY OF THESE MEDICATIONS CAN BE MODIFIED TO YOUR LIKING

MEDICATION	FORMS	ACTIONS/USES	QUANTITY
() Nitroglycerin 0.2%	ointment/gel	Anal fissure	30gm
() Diltiazem 2%	ointment/gel	Anal fissure	30gm
() Nifedipine 0.2% - 0.5%	ointment/gel	Anal fissure/wound healing	30gm
() Lidocaine 2%	ointment/gel	Pain relief	30gm
() Misoprostal 0.002% & phenytoin 0.2%	ointment/gel	Anal fissure/wound healing	30gm
() Rectal Rockets (hydrocortisone2%/lidocaine3%)	Suppository	Hemorrhoid	3 – 6 ea
() Diazepam 5 mg, 10 mg	Suppository	Pelvic Spasm	30, 60
() Mesalamine 500mg	Suppository/Enema	Ulcerative Colitis	30 ea
() Kaolin-PG	Suspension	Diarrhea	240ml
() Domperidone 5mg 10mg	Capsule	GI motility	90 ea
() Promethazine 25mg/1ml	Transdermal Gel	Nausea/Vomiting	10ml / 15ml
() Scopolamine 0.25mg/0.1ml	Transdermal Gel	Nausea/Motion Sickness	3ml
() Ondansetron (Zofran) 4mg or 8mg	Suppository/Cream	Nausea/vomiting	QS
() Sildenafil 1% +/- Arginine 6%	Gel	Erectile dysfunction	10ml
() Podophyllum +/- Cantharidin +/- salicylic acid	Topical solution	Genital warts/plantar warts	5ml
() Other _____			

Direction for use or OFFICE USE: _____

Refills: _____

Comments: _____

Doctor's Name _____ Doctor's Signature _____

Doctor's Address _____ Doctor's Phone # _____

Patient's Name _____ Patient's Phone # _____