

Patient: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ DEA or NPI: \_\_\_\_\_

**Crohn's Disease and Ulcerative Colitis:**

\_\_\_ #1 Mesalamine 200 or 250mg SR Capsules; # \_\_\_ (circle strength)

Take \_\_\_ capsules by mouth \_\_\_ times daily.

\_\_\_ #2 Mesalamine 200, 250 or 400mg Capsules; # \_\_\_ (circle strength)

Take \_\_\_ capsules by mouth \_\_\_ times daily.

\_\_\_ #3 Mesalamine \_\_\_ mg Suppositories; # \_\_\_

Insert one (1) suppository rectally \_\_\_ times daily.

\_\_\_ #4 Mesalamine 500mg/10ml Rectal Gel; \_\_\_ ml

Insert \_\_\_ ml rectally \_\_\_ times daily.

\_\_\_ #5 Sulfasalazine \_\_\_ mg Suppositories; # \_\_\_

Insert one (1) suppository rectally \_\_\_ times daily.

\_\_\_ #6 Sulfasalazine \_\_\_ mg/ml Suspension; \_\_\_ ml

Take \_\_\_ ml by mouth \_\_\_ times daily.

**GERD and Peptic Ulcer Disease:** Take \_\_\_ ml by mouth \_\_\_ times daily.

\_\_\_ #1 Prilosec® (omeprazole) \_\_\_ mg/ml Suspension; \_\_\_ ml

\_\_\_ #2 Prevacid® (lansoprazole) \_\_\_ mg/ml Suspension; \_\_\_ ml

**Anti-Infectives:**

\_\_\_ #1 Vancomycin \_\_\_ mg/5ml Oral Solution; \_\_\_ ml

Take \_\_\_ ml by mouth \_\_\_ times daily.

\_\_\_ #2 Vancomycin \_\_\_ mg Capsules; # \_\_\_

Take \_\_\_ capsules by mouth \_\_\_ times daily.

**Refills:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

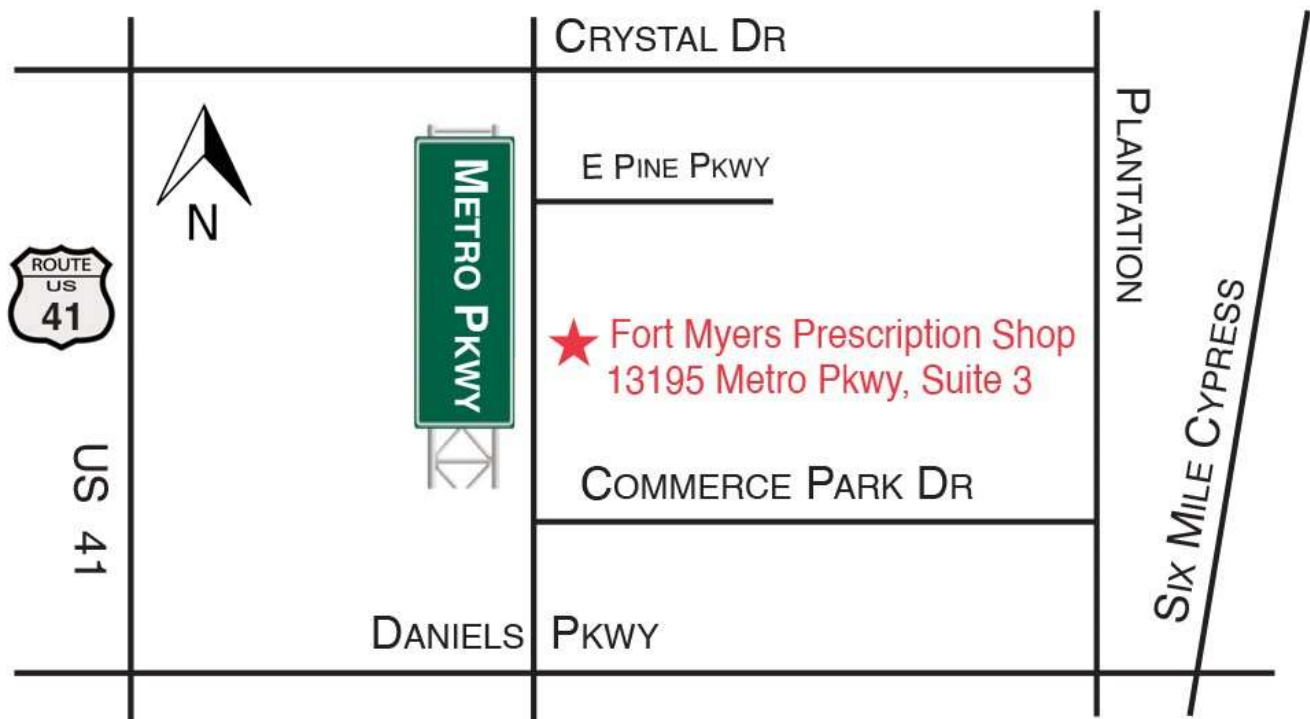
Please bring in or ask your doctor to fax the prescription to

# Fort Myers Prescription Shop

13195 Metro Pkwy, suite 3  
Fort Myers, FL 33966

Phone: 239-939-0249  
Fax: 239-936-2427

Hours: Monday – Friday  
8:30 – 1:00 and 2:00 – 5:00



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