



(Prescriber Information)

Patient Name _____

Address _____

Date _____ Birthdate _____

(5) 5ml-DocuSol Mini-Enema's, D.A.W

NDC #: 17433-9878-05

283mg Docusate Sodium, R.

If no BM in 30 minutes, x1, x2, or x3, q.d.

(5) 5ml-DocuSol Plus Mini-Enema's, D.A.W

NDC #: 17433-9883-05

283mg Docusate Sodium, 20mg Benzocaine, R.

If no BM in 30 minutes, x1, x2, or x3, q.d.

Dispense as written

Children under 12 years of age, consult a physician.

Refill _____ Times D.E.A.# _____

Signature _____

Print Name _____