

Patient Name _____

Date _____

Patient Address _____

D.O.B. _____

30- Enemeez Mini-Enema, D.A.W.
NDC #: 17433-9876-03
283mg. Docusate Sodium
If no BM in 30 minutes x1, x2, or x3 q.d.

30- Enemeez Plus Mini-Enema, D.A.W.
NDC #: 17433-9877-03
283mg. Docusate Sodium
Plus 20mg of Benzocaine
If no BM in 30 minutes x1, x2, or x3 q.d.

Refill NR 1 2 3 4 5 Void after _____

Dispense as written.

Print Name

Signature