

Online Claim Submission

Code: FET

Employer: Feintool Cincinnati, Inc.

EmpID: 277820291

EmpName: Forest, Monica

Submitted: January 23, 2023

Batch: 29989100

Claim Total: \$43.00

Attachments: 2

Line	Service Date(s)	Type	Cost	Notes
1	1/20/2023	RX	\$43.00	Provider: Tri-State Compounding Pharmacy. For whom: Monica Forest. Prescription (compounded)



Colon & Rectal Surgery

Name

Monica Forest 10/2/23

Date

01/20/23

Janice F. Rafferty, MD
Ian M. Paquette, MD
Jonathan R. Snyder, MD
Earl V. Thompson, MD
Sara E. Pulskamp-Royse, CNP

2123 Auburn Ave. Ste. 524
Cincinnati, OH 45219

7690 Discovery Dr., Ste. 2300
West Chester, OH 45069

222 Piedmont Ave., Ste. 7000
Cincinnati, OH 45219

p (513) 929-0104

CALMOSEPTINE

1 tube

Apply after bowel movement and prn

KONDREMUL

Disp: 16 oz.

Sig: One or two TBSP once / twice daily

FIBER

Disp: _____ Tablets _____ Powder

Sig: _____ Refills _____

X NEOMYCIN/HYDROCORTISONE SUPPOSITORIES

Disp: 14

Sig: One P.R. Qhs Refills 1

POLYETHYLENE GLYCOL

Disp: 527g Bottle

Sig: 17g PO QD Refills: _____

FLAGYL OINTMENT 10% in white petrolatum

Disp: ☐ 100g ☐ 50g

Sig: Apply TID

☐ Apply to external incisions 3 times daily

☐ 4 g 3 times daily, Apply inside anal canal using Topiclick Pearl applicator.

NIFEDIPINE 0.3% in Lidocaine 5% ointment

Disp.: 30g

Sig: Apply pea-size amount to anus TID for six weeks

Refills: _____

**KETAMINE 5%, Ketoprofen 10%, Gabapentin 6%,
Imipramine 3%, Lidocaine 3%, Metronidazole 10%, Nifedipine 2%**

Sig: Apply 1-2 gms to the affected area 3-4 times daily. Rub in well for 1-2 minutes. FOR EXTERNAL USE ONLY. (CR1) (1/4 tsp = 1 gm)

Qty: 120 gm (30 day supply) Refills: PRN or _____

SIGNATURE

Tri-State Compounding Pharmacy and Kunke
7715 Beechmont Ave
Cincinnati, OH 45255
513-624-7333

-----Sales Receipt-----

Trans#: 63141667

Date: 1/21/2023 11:18:31 AM

Cashier: Alyssa

Register #: 1

Item	Description	Amount
100038094	192652 F	\$43.00
Sub Total		\$43.00
Sales Tax		\$0.00
Total		\$43.00

Tendered \$43.00
Change Due \$0.00

MASTERCARD DEBIT
Card: XXXXXXXXXXXX6904
Chip Read
Auth #: 022344

Mode: Issuer

MID: 923700100685

TID: api_1hy3J05XnQe0VnUcSGOQLXiNHnk

AID: A0000000041010

TVR: 0000008000

IAD:

TSI: E800

ARC:



Colon & Rectal Surgery

Name

Monica Forest 10/12/13

Date

01/20/23

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MID: 923700100685

TID: api_1hy3J05XnQe0VnUcSGOQLXiNHnk

AID: A0000000041010

TVR: 0000008000

IAD:

TSI: E800

ARC: