

Prescription RX - HygiRelief®

Patients Name: _____

Date: _____

DOB: _____

MRN: _____

Address: _____

Procedure: **HygiRelief®** Repeat monthly x _____ months

Diagnosis: _____

Notes: _____

Contraindications: Congestive heart failure, intestinal perforation, carcinoma of the rectum, fissures or fistula, severe hemorrhoids, abdominal hernia, renal insufficiency, recent colon or rectal surgery, recent abdominal surgery, first and last trimester of pregnancy, cirrhosis

Physician Signature: _____

Please fax order for HygiRelief® (734) 712-2820

We will contact patient on your behalf.

hygieacare.
Delivering better GI outcomes



Huron Gastro - Hygieacare Center
5300 Elliott Dr. Ypsilanti, Michigan 48197
www.hygieacare.com

The Hygieacare® System is an FDA cleared prescription medical device, approved only for colon cleansing, when medically indicated, such as before radiologic or endoscopic examinations.

MKM-062-01