YOUR HEALTH PHARMACY

12 N Federal Hwy, Suite A
Pompano Beach FL, 33062
NPI 1649771171 / NCPDP 5736939
Phone (866) 478-3761
Fax (888) 510-2297
Email: rx@yhpharmacy.com

ANTI-INFECTIVE – SOLUTION

Patient Name: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Allergies: □ NKDA (no known drug allergies) □ Aspirin/ NSAID's □ Cyclobenzaprine □ Lidocaine / Local Anesthetic □ Tramadol □ Opioid
□ Gabapentin □ Penicillin □ Amitriptyline □ Other:_____

ANTI-INFECTIVE SOLUTION DELIVERY

1.____ CMPD Tobramycin 150mg-Clindamycin 100mg-Mupirocin 25mg-Itraconazole 25mg Cap #120 - Mix 2 caps and diluent, apply to affected areas twice daily

a. If checked, pharmacy is authorized to dispense the below in lieu of the medication listed in #1 above if needed for any reason or if desired by patient

i. ____ Tobramycin 300mg/5ml Vial #56 – Mix 1 vial (5ml) and diluent, apply to affected areas twice daily AND DISPENSE CMPD Clindamycin 150mg-Mupirocin 20mg-Itraconazole 50mg Cap #56 - Mix 1 cap and diluent, apply to affected areas twice daily

ii. ____ CMPD Streptomycin 215mg-Flucytosine 250mg Cap #120 – Mix 2 caps and diluent, apply to affected areas twice daily AND DISPENSE CMPD Clindamycin 150mg-Mupirocin 20mg-Itraconazole 50mg Cap #60 - Mix 1 cap and diluent, apply to affected areas twice daily

iii. ____ Ceftriaxone 500mg Vial #120 - Mix 2 vials and diluent, apply to affected areas twice daily AND DISPENSE CMPD Clindamycin 150mg-Mupirocin 20mg-Itraconazole 50mg Cap #60 - Mix 1 cap and diluent, apply to affected areas twice daily

iv. ____ CMPD Gentamicin 80mg-Clindamycin 100mg-Mupirocin 20mg Cap #60 - Mix 1 cap and diluent, apply to affected areas twice daily AND DISPENSE Flucytosine 500mg Cap #60 – Mix 1 cap and diluent, apply to affected areas twice daily

v. ____ CMPD Gentamicin 80mg-Clindamycin 100mg-Mupirocin 20mg Cap #60 - Mix 1 cap and diluent, apply to affected areas twice daily AND DISPENSE CMPD Itraconazole 50mg Cap #60 – Mix 1 cap and diluent, apply to affected areas twice daily

ADDITIONAL MEDICATIONS

1. ____ "NAIL" Diclofenac 1.5% in 45.5% DMSO #10ml – Apply to affected nails before using prescribed treatment
2. ____ Santyl Ointment 250 units/gm # _____ gm – Apply _____ grams to affected areas once daily
3. ____ OTHER _____

Additional Delivery Methods Available: ____ Pipettes ____ Sterile Gauze

REFILLS (REFERS TO ALL MEDICATIONS PRESCRIBED ABOVE)

____ 1 Year ____ 5 ____ 3 ____ 1 ____ Zero

Physician Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
DEA: _____ NPI: _____

_____ _____
Physician's Signature Date

FDA does not review any compounded medication for safety/efficacy. CMPD refers to a compounded med.