YOUR HEALTH PHARMACY

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NASAL INFECTIONS, YEAST INFECTIONS, WOUND INFECTIONS

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:______________________________

NASAL SYMPTOM MANAGEMENT

NOTE: CMPD refers to a compounded medication. IDS refers to an irrigation system.

1. _____Budesonide 1.0mg – 2ml Vial (PULM) #360 (720ml) – empty 2 vials into IDS, add distilled water, irrigate1 – 2 times daily (IB 212)
   a. If checked below, pharmacy is authorized to dispense the following in lieu of the medication listed in #1above if needed for any reason or desired by patient
      i. _____Budesonide 1.0mg–2ml Vial (PULM) #180 (360ml) – empty 1 vial into IDS, add distilledwater, irrigate 1 – 2 times daily (IB 112)
      ii. _____CMPD Budesonide 0.5mg in Loxasperse Cap (1891) #180 – empty 1 cap into IDS, adddistilled water, irrigate 1 – 2 times daily (IC112)

If CHECKED, also dispense the following with the above
Dispense #180 for 90-day supply – Empty 1 cap into IDS, add distilled water, irrigate 1-2 times daily (IC 1 1 2)

TOPICAL ANTIBIOTIC

1. _____Ceftriaxone 500mg Vial #120 – Mix 2 vials with BASSA-GELTM, 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. _____CMPD Streptomycin 300mg-Clindamycin 50mg Cap #60 – Mix 2 caps with BASSA-GELTM, apply to affected areas once daily
   ii. _____Colistimethate 150mg Vial #120 – Mix 2 vials with BASSA-GELTM, apply to affected areas twice daily
   iii. _____Gentamicin 0.1% Ointment #120gm – Apply 2gm of ointment to affected areas twice daily

CANDIDA MANAGEMENT

_____Flucytosine 500 mg Caps #56 Take 1 capsule by mouth every 6 hours for 14 days
_____CMPD Amphotericin B 50 mg Vaginal Suppositories #14 Insert 1 Suppository nightly at bedtime for 14 days

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.