

ANTI-INFECTIVE BASSA-GEL™ - POWDER – 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 BASSA-GEL™ - POWDER - SOLUTION

1. ____ Ceftriaxone 500mg Vial (C500) #120 (2 Vials Equals One Dose as Defined Below)

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. ____ Cefixime 400mg Cap (CEFI0584) #60

ii. ____ Cefdinir 300mg Cap (CEFD300) #60

Directions: (Directions indicated here refers to all medications prescribed above and below)

____ BASSA-GEL™ – Mix 1 dose with BASSA-GEL™, apply to affected areas twice daily (BGV22, BGC12)

____ POWDER – Empty 1 dose directly onto affected areas twice daily (VP22, CP12) (Santyl Available Below)

____ SOLUTION – Mix 1 dose and diluent, apply to affected areas twice daily (SAV22, SAC12)

Refills: (Number of refills indicated here refers to all medications prescribed above and below)

____ 1 Year ____ 5 ____ 3 ____ 1 ____ Zero

ADDITIONAL ANTI-INFECTIVE AND DEBRIDING MEDICATIONS

If CHECKED, also dispense the following with same dosing frequency indicated above

____ CMPD Clindamycin 100mg–Mupirocin 20mg Cap (1872) #60

____ CMPD Clindamycin 150mg–Mupirocin 20mg–Itraconazole 50mg Cap (1873) #60

____ OTHER _____

____ Santyl Ointment 250 units/gm (P1SANT) # _____ gm – Apply _____ grams to affected areas once daily

WOUND SIZE: _____ cm x _____ cm Quantity dispensed based on calculator (<https://santyl.com/hcp/dosing>)

ADDITIONAL INFORMATION

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

Physician's Signature

Date

