

ANTI-INFECTIVE BASSA-GEL™ - POWDER – SOLUTION

Patient Name:	Date of Birth:
Address:	City:
State:	Zip:
Phone:	Email:
Allergies: <input type="checkbox"/> NKDA (no known drug allergies) <input type="checkbox"/> Aspirin/ NSAID's <input type="checkbox"/> Cyclobenzaprine <input type="checkbox"/> Lidocaine / Local Anesthetic <input type="checkbox"/> Tramadol <input type="checkbox"/> Opioid <input type="checkbox"/> Gabapentin <input type="checkbox"/> Penicillin <input type="checkbox"/> Amitriptyline <input type="checkbox"/> Other: <input type="text"/>	

WARTS

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:

