

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

### FOR NASAL RINSE/IRRIGATION:

1. \_\_\_\_\_ Budesonide 1.0mg-2ml Vial #360 (720ml) - empty 2 vials into IDS, add distilled water, irrigate 1 - 2 times daily
  - a. If checked below, pharmacy is authorized to dispense the following in lieu of the medication listed in #1 above if needed for any reason or desired by patient
    - i. \_\_\_\_\_ Budesonide 1.0mg-2ml Vial #180 (360ml) - empty 1 vial into IDS, add distilled water, irrigate 1 - 2 times daily
    - ii. \_\_\_\_\_ Budesonide 0.5mg-2ml Vial #120 (240ml) - empty 1 vial into IDS, add distilled water, irrigate 1 - 2 times daily
2. \_\_\_\_\_ Tobramycin Inhal 300/5ml Vial #56 (280ml) - empty 1 vial into IDS, add distilled water, irrigate 2 times daily
  - a. If checked below, pharmacy is authorized to dispense the following in lieu of the medication listed in #1 above if needed for any reason or desired by patient
    - i. \_\_\_\_\_ CMPD Tobramycin 100mg capsule #60 - empty 1 capsule into IDS, add distilled water, Irrigate 1 - 2 times daily

**CHECKED, also dispense the following with same dosing frequency indicated above - 1 cap of below used per treatment (#180 capsules for 90-day supply)**

### ANTIBIOTIC ADD ON CAPSULES:

- Ciprofloxacin 125mg  Nystatin 50,000 IU  Mometasone 1.2mg  
 Levofloxacin 100mg  Mupirocin (Rinse Dose) 15mg  Gentamicin 150mg

### MUCOLYTIC/ANTIHISTAMINE ADD ON CAPSULES/ LIQUID:

- N-Acetylcysteine 200mg (20%)  Azelastine HCL 1%/137mcg  
 CMPD Loxasperse (w/ Xylitol)

### ANOSMIA POST COVID ADD ON CAPSULES:

- CMPD Theophylline 100mg cap

### MEDICATED SINUS RINSE THERAPY:

- Neti-Flo® Saline Rinse  Naso-Neb®

**SIG: Add medication to 240ml of saline. Rinse each nostril with 120ml of medicated saline BID x 30 days**

Alternate Dosing: \_\_\_\_\_ SIG: \_\_\_\_\_ x \_\_\_\_\_ days

Refills: 2 4 6

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

DEA: \_\_\_\_\_ NPI: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date



The formulas represented on this sheet represents commonly prescribed formulas for the disease states indicated. This is not intended to advertise claims of efficacy for individualized formulations.