PATIENT NAME:		PRESCRIBER NAME:	
DOB:	TEL:	NPI:	TEL:
ADDRESS:		ADDRESS:	
CITY:	STATE: ZIP:	CITY:	STATE: ZIP:

X	#	Commonly Requested Formulas for Patients with Sinusitis	SIZE	COST
[ ]	5341	Tobramycin 12.5 mg/Budesonide 0.5 mg Nasal irrigation solution	60ML	$45
[ ]	5340	Tobramycin 12.5 mg/Budesonide 0.5 mg/ Amphotericin B 5 mg Nasal irrigation solution	60ML	$45
[ ]	5339	Vancomycin 12.5 mg/Budesonide 0.5 mg Nasal irrigation solution	60ML	$45
[ ]	5338	Vancomycin 12.5 mg/Budesonide 0.5 mg/ Amphotericin B 5 mg Nasal irrigation solution	60ML	$45
[ ]	5337	Levofloxacin 50 mg/Budesonide 0.5 mg Nasal irrigation solution	60ML	$45
[ ]	5336	Tobramycin 12.5 mg/Mometasone 0.5 mg Nasal irrigation solution	60ML	$45
[ ]	5335	Tobramycin 12.5 mg/Mometasone 0.5 mg/ Amphotericin B 5 mg Nasal irrigation solution	60ML	$45
[ ]	5334	Tobramycin 12.5 mg/Vancomycin 12.5 mg/Budesonide 0.5 mg Nasal irrigation solution	60ML	$45
[ ]	5333	Levofloxacin 50 mg/Mometasone 0.5 mg Nasal irrigation solution	60ML	$45
[ ]	5772	Mupirocin 5 mg Nasal irrigation solution	60ML	$45
[ ]	5332	Budesonide 0.5 mg/Ciprofloxacin 50 mg/Itraconazole 10 mg Nasal irrigation solution	60ML	$45
[ ]	5778	Budesonide 0.5 mg Nasal irrigation solution	60ML	$45
[ ]	5597	Budesonide 1 mg Nasal irrigation solution	60ML	$45
[ ]	5658	Gentamicin 80 mg Nasal irrigation solution	60ML	$45
[ ]	5591	Gentamicin 80 mg/Mupirocin 5 mg/Mometasone 0.5mg Nasal irrigation solution	60ML	$45
[ ]	5676	Mometasone 1 mg Nasal irrigation solution	60ML	$45
[ ]	5774	Budesonide0.5 mg/Mupirocin 5 mg Nasal irrigation solution	60ML	$45
[ ]	5758	Mupirocin 5 mg/Mometasone 1.2mg Nasal irrigation solution	60ML	$45
		Sig: Mix 1ml with the Sod. Chloride solution (NeliMed Sinus Rinse sol) every 12 hours, use half of the solution into each nostril.		

X	#	Commonly Requested Formulas for Patients with Otitis Externa	SIZE	COST
[ ]	5331	Gentamicin 1.7mg/mL/Polymixin B 10,000 U/mL/Neomycin 3.5 mg/mL/Hydrocortisone 1% Otic Solution	15ML	$45
[ ]	5328	Chloramphenicol 0.5% Otic Solution	15ML	$45
[ ]	5326	Ciprofloxacin 0.3%/ Hydrocortisone 1% Otic Suspension	15ML	$45
		Sig: Instill 3-4 drops in affected ear every 12 hours for 7 days		

X		Commonly Requested Formulas for Patients with Fungal Infection	SZIE	COST
[ ]	9406	Chloramphenicol 50mg/ Sulfanilamide 50mg/ Amphotericin B 5 mg Otic Insufflation Powder Capsules CAP	5CAP	$45
[ ]	5324	Ketoconazole 2%/Ciprofloxacin 2%/Triamcinolone 0.5% Poloxamer Otic Gel	30GM	$45
[ ]	82902	Clotrimazole 3mg/Ciprofloxacin 36mg/Dexamethasone 16mg in Boric Acid Otic Powder in Accordion Puffer	2GM	$45

X	ID #	Commonly Requested Formulas for Patients with Local Anesthetics	SIZE	COST
[ ]	9790	Antipyrine 5.4%/Benzocaine 1.4% Otic Solution	15ML	$45
[ ]	5322	Benzocaine 20% Otic Solution	15ML	$45
[ ]	9491	Tetracaine 0.5% Lollipop	#3EA	$45
		Sig: Apply an amount enough to fill the affected canal, repeated every 1 to 2 hours until pain is relieved		

X	ID #	Commonly Requested Formulas for Patients with Vertigo / Meniere's Disease	SIZE	COST
[ ]	5321	Betahistine Dihydrochloride 16 mg Capsules	90CAP	$45
[ ]	5320	Betahistine Dihydrochloride 12 mg Capsules	90CAP	$45
		Sig: Take 1 capsule by mouth three times daily		

X	ID #	Commonly Requested Formulas for Patients with Nausea (Caused by Inner Ear Problems)	Size	Cost
[ ]	5319	Scopolamine Hydrobromide 0.25 mg/0.1 mL Transdermal cream	3ML	$45
		Sig: Apply 0.1ml to 0.2ml behind the ear as needed		

X	#	Commonly Requested Formulas for Patients with Nasal Polyps	SIZE	COST
[ ]	5313	Furosemide 1 mg Nasal irrigation solution	60ML	$45
[ ]	5676	Mometasone 1 mg Nasal irrigation solution	60ML	$45
		Sig: Mix 1ml with the Sod. Chloride solution (NeliMed Sinus Rinse sol) every 12 hours, use half of the solution into each nostril.		

X	#	Commonly Requested Formulas for Patients with MRSA Infections	SIZE	COST
[ ]	5311	Mupirocin 0.2% Nasal Spray (2 sprays EN BID)	15ML	$45
[ ]	5334	Tobramycin 12.5 mg/Vancomycin 12.5 mg/Budesonide 0.5 mg Nasal irrigation solution	60ML	$45
		Sig: Mix 1ml with the Sod. Chloride solution (NeliMed Sinus Rinse sol) every 12 hours, use half of the solution into each nostril.		

	#	Commonly Requested Formulas for Patients with Biofilms	SIZE	COST
[ ]	5310	Gentamicin 0.008%/Mupirocin 0.2%/Edetate Disodium 0.1% Nasal Spray (2 sprays EN BID)	15ML	$45
[ ]	5591	Gentamicin 80 mg/Mupirocin 5 mg/Mometasone 0.5mg Nasal irrigation solution	60ML	$45
		Sig: Mix 1ml with the Sod. Chloride solution (NeliMed Sinus Rinse sol) every 12 hours, use half of the solution into each nostril.		

	#	Commonly Requested Formulas for Patients with Eosinophilic Esophagitis	SIZE	COST
[ ]	9614	Budesonide 1 mg/10 mL Oral Suspension Viscous	600ML	$45
[ ]	5678	Budesonide 2 mg/10 mL Oral Suspension Viscous	600ML	$45
		Sig: Take 10 ml's by mouth every 12 hours (Do not eat or drink anything 2 hours after)		

	#	Commonly Requested Formulas for Patients with Mucositis/Aphthous Ulcer	SIZE	COST
[ ]	9871	MARY'S MAGIC MOUTH WASH SUS W/TETRACYCLIN W/O LIDOCAINE	120ML	$45
[ ]	9759	MARY'S MAGIC MOUTH WASH SUS W/TETRACYCLIN W/LIDOCAINE	120ML	$45
		Sig: Swish and spit 5 ml's by mouth 3-4 times daily as needed		

	#	Commonly Requested Formulas for Patients with Burning Mouth Syndrome	SIZE	COST
[ ]	5308	Amitriptyline HCl 2%/Gabapentin 6%/Lidocaine HCl 0.5% Oral Rinse	60ML	$45
[ ]	5307	Salicylic Acid 0.3% Mouthwash	60ML	$45
		Sig: Swish and spit 5 ml's by mouth 3-4 times daily as needed		

	#	Commonly Requested Formulas for Patients with Lichen Planus	SIZE	COST
[ ]	5304	Tretinoin 0.1%/Clobetasol Propionate 0.05% Oral Rinse	60ML	$45

	#	Commonly Requested Formulas for Patients with Angular Cheilitis / Angular Cheilosis	SIZE	COST
[ ]	5303	Mupirocin 2%/ Nystatin 30,000 U/Gm/Lidocaine 1% Topical Ointment	30GM	$45
		Sig: Apply to affected area twice daily		

X	ID #	Commonly Requested Formulas for Patients with Nose Bleeds	SIZE	COST
[ ]	1807*	Tranexamic Acid 10% Poloxamer Nasal Spray	15ML	$45
[ ]	5317	Aminocaproic Acid 250 mg/mL Nasal Spray	15ML	$45
		Sig: Use Two sprays in each nostril as needed		

Directions:

_____

Other requested formula:

Other quantity: **Refills: 1 2 3 4 5 PRN**

SIGNATURE: _____ Dispense as Written

_____ **DATE**___/___/_____ May Substituted

FAX (317) 900-7458 NOBLESVILLE LOW COST PHARMACY . NOBLESVILLE . IN . 46062 . TEL (317) 231-5252

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