

Antibiotic; Anti-Inflammatory; Antifungal; Sinus Medications

(Circle Meds wanted) Several of the Medications below can be combined

Acetylcysteine (200 mg) or _____ mg Amphotericin B (5 mg) or _____ mg (Use Water for Irrigation) Budesonide (0.6 mg) or _____ mg Budesonide (0.5 mg) or _____ mg Bupivacaine (37.5mg) or _____ mg Ceftazidime (650 mg) or _____ mg Ceftriaxone (500 mg) or _____ mg	Clarithromycin (125 mg) or _____ mg Gentamicin (80mg) or _____ mg Itraconazole (40 mg) or _____ mg Levofloxacin (100 mg) or _____ mg Mometasone (0.6 mg) or _____ mg Mupirocin (5 mg) or _____ mg Tobramycin (125 mg) or _____ mg Vancomycin (160 mg) or _____ mg	<p><u>Other Medication:</u></p> <hr/> <hr/> <hr/> <p>Combo #2: (2) circled Meds Combo #3: (3) circled Meds</p>
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Formulation:

- Formulation in **LoxaSperse® Powder**: (In Capsules) typical expiration 90 days
- Formulation in **Solution**: (In Solution) typical expiration days or few weeks – Pharmacist will advise

Delivery System Device:

- Nasoneb™:** Saline or Water for irrigation Volume: _____ typically **15mL**
- Unit-dose normal saline will be provided, Nebulize for 30 days twice daily unless otherwise indicated.
- Unit-dose water for irrigation will be provided, Nebulize twice daily for 30 days unless otherwise indicated.
- NeilMed® Sinus Rinse Bottle:** Add medication to 100mL of saline. Irrigate each nostril with 50mL of medicated saline. Twice a Day, 30 days.

(Print) MD Name: _____

MD Signature: _____

Phone: _____

DEA# _____

of Refills: 1 2 3 4 5 prn NR

Sig: _____

Patient Name: _____

Patient Phone: (____) _____ - _____

Address: _____

DOB: _____

City/State: _____

Zip Code: _____

Ship to Patient: **Patient to Pick UP:**

List Any Allergies: _____

This Prescription Form May Be Faxed to (201)447-3253 or phoned into (201)447-2020

Formulas may be changed by the Prescriber in any way as to meet the specific needs of the individual! FUC-NASONEB

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