



Patient's Name:	Prescriber's Name:
Street Address:	Street Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Office #:
Phone (CELL) #:	Fax #:
Email:	Email:
Patient Allergies:	

PRESCRIBER'S SIGNATURE: X _____ **DATE:** _____

Commonly Requested Medications: (CMPD refers to medication compounded by pharmacy)

Otic Insufflation

1. ___ CMPD Chloramphenicol 50mg, Sulfanilamide 50mg Amphotericin B 5mg,
2. ___ CMPD Chloramphenicol 50mg, Sulfanilamide 50mg Amphotericin B 5mg, Hydrocortisone 1 mg (CASH)

Vertigo

3. ___ CMPD Betahistine Dihydrochloride 16mg Capsule

Nasal Bleeds/ Polyps

4. ___ CMPD Tranexamic Acid 10% in Poloxamer Nasal Spray (*Bleeding*)
5. ___ CMPD Aminocaproic Acid 250 mg/ml Nasal Spray (*Bleeding*)
6. ___ CMPD Furosemide 1mg Capsules in Loxasperse (*Polyps*)
7. ___ CMPD Mometasone Furoate 50 mcg/0.1 mL in Polaxamer Nasal Spray (*Polyps*)

Eosinophilic Esophagitis

8. ___ CMPD Budesonide 1 mg/10ml Oral Suspension in Mucolox™

Throat

9. ___ CMPD Menthol 0.3% Oral Solution *Instant Voice*
10. ___ CMPD Tetracaine HCl 0.025% Popsicle in Mucolox™
11. ___ CMPD Dexamethason 3.3 mcg/mL, Tetracycline HCl 13.5 mg/mL, Nystatin 16,667 U/mL, Diphenhydramine Hcl 1.25 mg/mL Mouthwash in Mucolox™

Mouth

12. ___ CMPD Pilocarpine HCl 10 mg/ml Oral Liquid in Mucolox (*Xerostomia*)
13. ___ CMPD Doxepin HCl 0.5% Mouthwash with Mucolox (*Burning Mouth*)
14. ___ CMPD Amitriptyline HCl 2%, Gabapentin 6%, Lidocaine HCl 0.5% Oral Rinse (*Burning Mouth*)

Lichen Planus

15. ___ CMPD Tretinoin 0.1%, Clobetasol Propionate 0.05% Oral Rinse with Mucolox

Angular Cheilitis/Angular Cheilosis

16. ___ CMPD Mupirocin 2%, Nystatin 30,000U/Gm, Lidocaine 1% Topical Ointment in Pracasil™-Plus

Quantity to Dispense: _____ DAYS *30 DAY SUPPLY UNLESS OTHERWISE INDICATED*

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

___ 1 Year ___ 5 ___ 3 ___ 2 ___ 1 ___ Zero

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