

Ivermectin Gel Tabs



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Please Send Patient Demographics
Along With New Prescription
Orders, Including List of Patient
Allergies & Insurance
Information/Social Security #

Patient Name: _____ Date of Birth: _____
Address: _____ Patient Phone: _____
_____ Person Faxing Request: _____
Prescriber Name: _____ Prescriber Phone: _____
Prescriber DEA: _____ NPI: _____ Prescriber Fax: _____

* ANY INGREDIENTS OR STRENGTHS ON THE FORM MAY BE CHANGED OR DELETED AT PRESCRIBERS DISCRETION *

* THIS LIST IS NOT ALL-INCLUSIVE, PLEASE CALL WITH ANY QUESTIONS OR REQUESTS *

* PLEASE CHECK THE DESIRED PRESCRIPTION ORDER, MARK THE NUMBER OF REFILLS, SIGN & DATE BELOW *

Ivermectin RR Gel Tabs (please circle desired strength) 12mg 15mg 18mg

- Active infection standard dosing is based on 0.4-0.6 mg/kg/day given for 5 consecutive days, taken with food in divided doses
- Maintenance/Preventive standard dosing is based on 0.2-0.4 mg/kg/day given twice per week, taken with food in divided doses
- Mg per gel tab (12/15/18 mg) can be rounded to the nearest increment desired to achieve effective dosage range

Dispense # _____ Refills _____

Choose desired instructions as shown below, or make any desired modifications as required.

- **For Active Infection:** Take _____ tablet(s) by mouth two/three times daily with food for 5 days until gone
** Circle frequency – BID vs. TID – above **
- **For Prevention:** Take _____ tablet(s) by mouth twice per week with food as directed (may divide doses if taking multiple capsules & upset stomach occurs)
- **Custom Instructions:** Take _____ tablet(s) by mouth _____ time(s) per day with food as directed

Prescriber Signature: _____ Date: _____