

ANTIBIOTIC – TOPICAL FORM AND PAIN MANAGEMENT

Patient's Name:	Prescriber's Name:
Street Address:	Street Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Office #:
Phone #:	Fax #:
Additional Contact #:	Patient Allergies:

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

TOPICAL ANTIBIOTIC

1. ___CMPD Streptomycin 300mg–Clindamycin 50mg Cap #60 – Mix 2 caps with BASSA–GEL™, apply to affected areas once daily
 - a. If checked, pharmacy is authorized to dispense the below in lieu of the medication listed in #1 above if needed for any reason or if desired by patient
 - i. ___Ceftriaxone 500mg Vial #60 – Mix 2 vials with BASSA–GEL™, apply to affected areas once daily
 - ii. ___Colistimethate 150mg Vial #60 – Mix 2 vials with BASSA–GEL™, apply to affected areas once daily
 - iii. ___Gentamicin 0.1% Ointment #60gm – Apply 2 gm of ointment to affected areas once daily

PAIN MANAGEMENT

1. ___CMPD Topical Cream – Gabapentin 3%, Diclofenac Sodium 1.5%, Lidocaine 2.5%, Prilocaine 2.5% #120gm – Apply 1 gm three to four times daily for treatment of pain___If Checked, Discuss Urea Usage
2. ___CMPD Topical Cream – Diclofenac Sodium 1.5%, Lidocaine 2.5%, Prilocaine 2.5% #120gm – Apply 1 gm three to four times daily for treatment of pain___If Checked, Discuss Urea Usage
3. ___Celecoxib 400mg Cap #90 – Take one capsule by mouth once daily *NSAID*

REFILLS (REFERS TO ALL MEDICATIONS PRESCRIBED)

___1 Year ___5 ___3 ___1 ___Zero



Information on Bassa–Gel™ being used with various anti–infective medications can be found by scanning this QR–Code or going to www.bassagel.com.