

Patient Name: _____ Date of Birth: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Allergies: NKDA (no known drug allergies) Aspirin/ NSAID's Cyclobenzaprine Lidocaine / Local Anesthetic Tramadol Opioid
 Gabapentin Penicillin Amitriptyline Other: _____

NASAL SYMPTOM MANAGEMENT

NOTE: CMPD refers to a compounded medication. IDS refers to an irrigation system.

COVERED BY INSURANCE

1. _____ Budesonide 1.0mg-2ml Vial #360 (720ml) – empty 2 vials into IDS, add distilled water, irrigate 1 – 2 times daily **PREGNANCY CATEGORY B**

a. If checked below, pharmacy is authorized to dispense the following in lieu of the medication listed in #1 above if needed for any reason or desired by patient

- i. _____ Budesonide 0.5mg-2ml Vial #720 (1440ml) – empty 4 vials into IDS, add distilled water, irrigate 1 – 2 times daily
- ii. _____ Budesonide 1.0mg-2ml Vial #180 (360ml) – empty 1 vial into IDS, add distilled water, irrigate 1 – 2 times daily
- iii. _____ Budesonide 0.5mg-2ml Vial #180 (360ml) – empty 1 vial into IDS, add distilled water, irrigate 1 – 2 times daily
- iv. _____ CMPD Budesonide 0.5mg in Loxasperse Cap #180 – empty 1 cap into IDS, add distilled water, irrigate 1 – 2 times daily *COMPOUNDS NOT COVERED

ANTI-HISTAMINE, MUCOLYTIC, THEOPHYLLINE AND LOXASPERSE INCLUSION

If CHECKED, also dispense the following with same dosing frequency indicated above – 1 cap of below used per treatment (#180 capsules for 90-day supply)

_____ CMPD Acetylcysteine 100mg Cap*

_____ CMPD Loxasperse 435mg Cap*

PREGNANCY CATEGORY B

*COMPOUNDS NOT COVERED

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

_____ 1 Year _____ 5 _____ 3 _____ 1 _____ Zero

Physician Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____
 DEA: _____ NPI: _____

Physician's Signature

Date

