

ANTIBIOTIC – TOPICAL FORM

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: _____

ANTI-INFECTIVE TOPICAL DELIVERY

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% Cream (#60gm – Apply 2 gm of cream to affected areas once daily

REFILLS (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

