

ANTIBIOTIC - TOPICAL FORM

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:** _____

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



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.

FDA does not review any compounded medication for safety/efficacy. CMPD refers to a compounded med. Bassa–Gel™ is an over–the–counter cosmetic gel trademarked by PCCA. Approaches that include other antibiotics, antifungals, and other medications are all available. This order form specifically focuses on the delivery of antibiotics intended for eradication of bacteria.