

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

The formulas represented on this sheet represents commonly prescribed formulas for the disease states indicated. This is not intended to advertise claims of efficacy for individualized formulations.

FOR NASAL RINSE/IRRIGATION:

1. _____ Budesonide 1.0mg-2ml Vial #360 (720ml) – empty 2 vials into IDS, add distilled water, irrigate 1 – 2 times daily
 - 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 1.0mg-2ml Vial #180 (360ml) – empty 1 vial into IDS, add distilled water, irrigate 1 – 2 times daily
 - ii. _____ Budesonide 0.5mg-2ml Vial #180 (360ml) – empty 1 vial into IDS, add distilled water, irrigate 1 – 2 times daily
 - iii. _____ CMPD Budesonide 0.5mg in Loxasperse Cap #180 – empty 1 cap into IDS, add distilled water, irrigate 1 – 2 times daily

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

ANTIBIOTIC ADD ON CAPSULES:

- | | | |
|---|--|---|
| <input type="checkbox"/> Vancomycin 200mg | <input type="checkbox"/> Ciprofloxacin 125mg | <input type="checkbox"/> Nystatin 50,000 IU |
| <input type="checkbox"/> Levofloxacin 100mg | <input type="checkbox"/> Mupirocin (Rinse Dose) 15mg | |

MUCOLYTIC/ANTIHISTAMINE ADD ON CAPSULES/ LIQUID:

- | | |
|---|---|
| <input type="checkbox"/> N-Acetylcysteine 200mg (20%) | <input type="checkbox"/> Azelastine HCL 1%/137mcg |
| <input type="checkbox"/> CMPD Loxasperse (w/ Xylitol) | |

ANOSMIA POST COVID ADD ON CAPSULES:

- CMPD Theophylline 100mg cap

MEDICATED SINUS RINSE THERAPY:

- Neilmed® Saline Rinse or Rhinoclear® Sprint Atomizer

SIG: Add medication to 240ml of saline. Rinse each nostril with 120ml of medicated saline BID x 30 days

- Alternate Dosing:

Refills: 2 4 6

SIG: _____ x _____ days

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

Physician's Signature

Date

