

Date: \_\_\_\_\_

ANTI-INFECTIVE SKIN

**CALL (803)-345-1114 WITH ANY QUESTIONS**

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

DAW: **X** \_\_\_\_\_ Substitution permitted : **X** \_\_\_\_\_

**ANTI-INFECTIVE SKIN**

1. \_\_\_\_ Ceftriaxone 500mg Vial #120 (2 Vials Equals One Dose as Defined Below)

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. \_\_\_\_ Cefixime 400mg Cap #60

ii. \_\_\_\_ Cefdinir 300mg Cap #60

**Directions:** (Directions indicated here refers to all medications prescribed above and below)

\_\_\_\_ **BASSA-GEL™** – Mix 1 dose with BASSA-GEL™, apply to affected areas twice daily

\_\_\_\_ **POWDER** – Empty 1 dose directly onto affected areas twice daily

\_\_\_\_ **SOLUTION** – Mix 1 dose and diluent, apply to affected areas twice 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](http://www.bassagel.com).

**FAX FORM TO:  
(803)-345-0571**