

Date: _____

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

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:

DAW: X _____ **Substitution permitted: X** _____

NASAL HEALTH

1. ___ Budesonide 1.0mg–2ml Vial #180 (360ml) – empty 2 vials into IDS, add distilled water, irrigate once daily (may substitute 0.5mg if 1mg is not covered on insurance).

Refills: (Number of refills indicated here refers to all medications prescribed in 1)

___ 1 Year ___ 5 ___ 3 ___ 1 ___ Zero

NASAL ANTI-INFECTIVE

2. ___ Ceftriaxone 500mg Vial #120 – empty 2 vials into Netiflo, add distilled water, irrigate twice daily

a. If checked below, pharmacy is authorized to dispense the following in lieu of the medication listed in #2 above if needed for any reason or desired by patient

i. ___ Cefixime 400mg Cap #60 – empty 1 capsule into IDS, add distilled water, irrigate twice daily

ii. ___ Cefdinir 300mg #60 – empty 1 capsule into IDS, add distilled water, irrigate twice daily

Refills: (Number of refills indicated here refers to all medications prescribed in 2, 2ai and 2aii)

___ 1 Year ___ 5 ___ 3 ___ 1 ___ Zero

___ Please Discuss OTC NasoNeb® System (www.nasoneb.com)

___ Please Also Dispense OTC ALKALOL® – Mucus Solvent/Cleanser (www.alkalolcompany.com)

___ Please Also Dispense OTC PONARIS – Emollient (www.ponaris.net)

___ Please Also Dispense OTC BASSA-GEL™ to Address Dryness Around Nose (www.bassagel.com)

FAX FORMS TO:
(803)-345-0571