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Please Fax This Completed Form to **615-891-7393**

EAR, NOSE, & THROAT

ANY OF THESE MEDICATIONS CAN BE MODIFIED TO YOUR PREFERENCE

| MEDICATION | FORMS | ACTIONS/USES | QUANTITY |
|--|-------------------|-------------------------------------|--------------|
| () Promethazine 25mg/1ml | Topical Cream | Nausea/vomiting | 10ml or 15ml |
| () Ondansetron (Zofran) 4mg or 8mg | Suppository/Cream | Nausea/vomiting | QS |
| () Scopolamine 0.25mg/0.1ml | Topical gel | Nausea/vomiting/motion sickness | 3ml |
| () Tetracaine 1% | Lollipop | Local anesthesia, sore throat | 1ea |
| () Metronidazole Benzoate ____ mg/ml | Suspension | Anti-bacterial | QS |
| () Magic Mouth Wash (Tetracycline____mg/ml, Nystatin____u/ml, Diphenhydramine____mg/ml, Maalox____ml, Lidocaine____%, Hydrocortisone____mg/ml, other_____) | Suspension | Mouth wash for irritation/infection | 480ml |
| () GI Cocktail (Diphenhydramine____mg/ml, Maalox____ml, Lidocaine____%, Sucrafate____mg/ml, Tetracycline____mg/ml, Nystatin____u/ml) | Suspension | GI upset, NVD | 240ml |
| () Clindamycin/Clotrimazole/Triamcinolone Nasal spray | | Recurrent sinusitis | 30ml |
| () Gentamicin/Clotrimazole/Triamcinolone Nasal spray | | Recurrent sinusitis | 30ml |
| ***Use both of the above nasal sprays together to minimize drug sensitivity and maximize drug synergism*** | | | |
| () Agrisept/Povidone/Iodine/Triamcinolone Nasal spray | | Recurrent sinusitis/maintenance | 30ml |
| () Gentamicin 0.25mg/ml (Wilson's) | Nasal irrigation | Nasal infection | 500ml |
| () Tobramycin Forte | Nasal spray | Nasal infection | 30ml |
| () Fluticasone/Oxymetazoline 1:1 | Nasal spray | Recurrent congestion | 30ml |
| () Lidocaine 2% or 4% | Spray | Local anesthetic (i.e. throat) | 30ml |
| () Tetracaine 4% | Solution | Local anesthetic / sore throat | 120ml |
| () Others _____ | | | |

Direction for use or OFFICE USE: _____

Refills: _____

Comments: _____

Doctor's Name _____ Doctor's Signature _____

Doctor's Address _____ Doctor's Phone # _____

Patient's Name _____ Patient's Phone # _____