

Date: _____

ANTI-INFECTIVE SKIN

CALL (803)-888-2990 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:

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.

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

**FAX FORM TO:
(803)-888-2987**