ENT RX ORDER FORM: COMPOUNDS

S&J Argyle Pharmacy
101 Old Town Blvd. S. #102
Argyle, TX 76226
PH: 940-464-4500
FAX: 940-464-4533

Patient Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Allergies: _____

Please complete the above demographics or send in a face sheet.

NASAL SINUS RINSE:

☐ **Fluticasone 3mg Capsules (QTY #60) $75**
SIG: Empty contents of 1 capsule into irrigation device, add distilled water, irrigate, repeat twice daily.

☐ **Gentamicin 80mg Capsules (QTY #60) $75**
SIG: Empty contents of 1 capsule into irrigation device, add distilled water, irrigate, repeat twice daily.

☐ **Mupirocin 50mg Capsules (QTY #60) $75**
SIG: Empty contents of 1 capsule into irrigation device, add distilled water, irrigate, repeat twice daily.

☐ **Amphotericin 10mg Capsules (QTY #60) $75**
SIG: Empty contents of 1 capsule into irrigation device, add distilled water, irrigate, repeat twice daily.

Poloxamer 508mg Capsules (QTY #60) $75
SIG: Empty contents of 1 capsule into irrigation device, add distilled water, irrigate, repeat twice daily.

PREFERRED DEVICE:

☐ **Nasal Nebulizer $90**

☐ **Sinus Rinse Bottle (Included at No Additional Charge)**

HERPES LABIALIS:

☐ **Acyclovir 10% Lip Ointment (QTY #10grams) $40**
SIG: Apply to affected area topically to lips four times daily as directed

NAUSEA (CAUSED BY INNER EAR PROBLEMS):

☐ **Scopolamine Hydrobromide 0.25mg/0.1ml (QTY #3mL) $40**
SIG: Apply 0.1ml topically to skin behind ear every 8-12 hours as needed for nausea

ORAL THRUSH:

☐ **Nyastatin 100,000u/ml MucoLox Suspension (QTY #100mL) $40**
SIG: Swish and spit/swallow by mouth with 5ml for 1-2 minutes four times daily as directed

☐ **Amphotericin B 50mg/ml MucoLox Suspension (QTY #100mL) $50**
SIG: Swish and spit/swallow by mouth with 5ml for 1-2 minutes four times daily as directed

MAST CELL ACTIVATION SYNDROME:

☐ **Ketotifen 1mg Capsules (QTY #60) $75**
SIG: Take 1 capsule by mouth twice daily.

☐ **Cromolyn Sodium 100mg Capsules (QTY #120) $120**
SIG: Take 1 capsule by mouth 3-4 times daily.

MENIERE'S DISEASE:

☐ **Betahistine 8mg Capsules (QTY #90) $85**
SIG: Take 1 capsule by mouth 3 times daily.

☐ **Betahistine 16mg Capsules (QTY #90) $85**
SIG: Take 1 capsule by mouth 3 times daily.

ORAL/THROAT PAIN:

☐ **Tetracaine 0.5% Lollipops QTY___#2 ($20) ___#5 ($50)**
SIG: Suck on lollipop for 20-30 seconds, repeat every 2 to 3 hours as needed.

☐ **Diphenhydramine 12.5mg/5mL, Maalox, Lidocaine 2%, Nystatin 100,000U/mL, Dexamethasone 0.5mg/5mL 1:1:1:1:1 (QTY #250mL) $50**
SIG: Swish and spit 10mL by mouth 4 times daily.

PRESCRIBER NAME: _____ DATE: _____

PHONE: _____ DEA: _____

ADDRESS: _____

PRESCRIBER SIGNATURE: _____ REFILLS: _____

SUBSTITUTION PERMISSIBLE