

Call for prescribing instructions
 ph (800)439-4441 x 117 fax (508)435-5983

Patient Name	DOB	/ /
Address		
City	State	Zip Code
Phone #	2nd Phone #	
Allergies	Date:	

Ingredient	Directions	QTY
BEG Spray - Mupirocin/EDTA/Gentamycin <input type="checkbox"/> with Mucolox <input type="checkbox"/> without Mucolox	Use ____ spray(s) in each nostril ____ times daily.	30 ML 60 ML
EDTA 0.5% - Colloidal Silver 25ppm <input type="checkbox"/> with Mucolox <input type="checkbox"/> without Mucolox	Use ____ spray(s) in each nostril ____ times daily.	____ 30 CC ____ 60CC
BEG Spray with Itraconazole Mupirocin/EDTA/Gentamycin/ Itraconazole	Use ____ spray(s) in each nostril ____ times daily.	30 ML
Itraconazole Spray 0.1%	Use ____ spray(s) in each nostril ____ times daily.	30 ML
Vasoactive Intestinal Peptide (VIP) Nasal Spray 50mcg / 0.1 ml spray	Use 1 spray intranasally 4 times daily alternating nostrils each time.	<input type="checkbox"/> 12 ML
Low Dose Naltrexone <input type="checkbox"/> Liposomal <input type="checkbox"/> Not Liposomal	Take ____ capsules ____ times daily	# ____ Capsules ____ MG
DMSA	Take ____ capsules ____ times daily for ____ days	# ____ Capsules ____ MG
BEG Cream Mupirocin/EDTA/Gentamycin	Apply topically ____ times daily.	30 ML 60 ML
Cholestyramine Pure USP Powder (30 day supply) <input type="checkbox"/> with Stevia and Cellulose _____ <input type="checkbox"/> without Stevia and Cellulose	Use ____ scoop(s)(15cc) of powder ____ times daily. Mix well with 8-12oz of water or juice. With stevia (there are 4 grams of Cholestyramine in each 15cc scoop) _____ Without stevia, use 1.75 teaspoons (4 grams) of powder ____ times daily Mix well with 8-12oz of water or juice.	____ GM
Cholestyramine Capsules Pure USP Powder (8 capsules 4 times a day, equal 960 capsules, equal a 30 day supply)	Take ____ capsules ____ times daily. Take with 8-12oz of water or juice. (there are 4 grams of Cholestyramine in 8 capsules)	____ CAPS
Ivermectin (Strength) _____	Take ____ capsules ____ times daily.	____ CAPS
Mimosa Pudica Essentials	Take ____ capsules ____ times daily (542mg per capsule)	180 CAPS
Mimosa Pudica Essentials (Liposomal)	Take ____ capsules ____ times daily (271mg per capsule)	180 CAPS
Artemisinin Essentials (Liposomal)	Take ____ capsules ____ times daily (50mg per capsule)	60 CAPS
Artemisinin Essentials (Enema)	Use ____ Enemas ____ times per day for ____ Days	30cc 60cc ____ Qty
Curcumin Essentials (Liposomal)	Take ____ capsules ____ times daily (100mg per capsule)	60 CAPS
Oregano Essentials (Liposomal)	Take ____ capsules ____ times daily (75mg per capsule)	60 CAPS
Antibiotics (Liposomal) Drug _____	Take ____ capsules ____ times daily for ____ Days	____ MG

Notes:(other compounds, additional ingredients, special instructions)

Prescriber Signature

Refills	1	2	3	4	5	6	NR
Prescriber							
Prescriber Phone #							
Prescriber Fax#							
Prescriber DEA#							