

Partial List of Mold/Lyme Compounds

p. 800-439-4441 x117 f. 508-435-5983 www.rxandhealth.com

Patient Name	DOB	/	/
Address			
City	State	Zip Code	
Phone #	2nd Phone #		
Allergies	Date:		
Ingredient	Directions	QTY	
whISOBAX - EDTA .25%/whISOBAX <input type="checkbox"/> with Mucolox <input type="checkbox"/> without Mucolox	Use _____ spray(s) in each nostril _____ times daily	60 ML	
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 ML ____ 60 ML	
BEG Spray with Itraconazole Mupirocin/EDTA/Gentamycin/ Itraconazole	Use _____ spray(s) in each nostril _____ times daily	____ 30 ML ____ 60 ML	
Itraconazole Spray 0.8mg/ml <input type="checkbox"/> with EDTA 0.5% <input type="checkbox"/> with Mucolox 15%	Use _____ spray(s) in each nostril _____ times daily	____ 30 ML ____ 60 ML	
Vasoactive Intestinal Peptide (VIP) Nasal Spray 50mcg / 0.1 ml spray	Use 1 spray intranasally 4 times daily alternating nostrils each time.	____ 18 ML ____ 12 ML	
Teitelbaum Nasal Spray- Itraconazole/Mupirocin/Triamcinolone/Xylitol <input type="checkbox"/> without Mucolox <input type="checkbox"/> with Mucolox	Use _____ spray(s) in each nostril _____ times daily	____ 60 ML	
Synapsin w/Methylcobalamin Spray 2 mg/ml	Use 2 sprays in each nostril up to 3 times daily	____ 15 CC ____ 30 CC	
LDN - Low Dose Naltrexone _____ MG <input type="checkbox"/> Liposomal <input type="checkbox"/> Not Liposomal	Take _____ capsules _____ times daily for _____ days	____ Capsules	
DMSA _____ MG	Take _____ capsules _____ times daily for _____ days	____ Capsules	
Cholestyramine Pure USP Powder without Stevia and Cellulose (30day supply)	Without stevia, use 1.75 teaspoons (4 grams) of powder _____ times daily Mix well with 8-12oz of water or juice.	____ GM	
Cholestyramine with 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	____ CC	
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. <i>(there are 4 grams of Cholestyramine in 8 capsules)</i>	____ CAPS	
Antibiotics (Liposomal)	Drug _____	Take _____ capsules _____ times daily for _____ Days	____ MG

New →

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

Prescriber Signature

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

Don't see what you need--call the lab for other available options

this form is for informational purposes only

(All prices subject to change without notice and do not include shipping costs)