

# Fountain Valley Medical Center Pharmacy Oral Mucositis/Esophagitis Order Form

\*\*Fax completed form via fax at 714-979-0532 or email at fountainvalleyrx@outlook.com\*\*

Patient Information		Prescriber Information	
Patient Name: _____	DOB: _____	Prescriber: _____	
Street Address: _____		NPI#: _____	DEA#: _____
City/State/Zip: _____		Street Address: _____	
Phone: _____	Email: _____	City/State/Zip: _____	
Allergies: _____		Phone: _____	FAX: _____



## MEDICATION ORDER

<b>Oral Mucositis</b>	Healios Powder for Mixing	<b>QTY: 330 g (1 container) (2 week supply)</b>	<b>Refills: _____</b>
	Sig: Mix 1 scoop (~11g) with 50-100 ml of water. Swish in mouth for 10 seconds and then swallow. Use twice daily in morning and at bedtime. For best results, take with food or after meal.		
	Grape	Orange	Unflavored

Prescriber's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Download Fillable forms on our website at [www.fvmcp.com](http://www.fvmcp.com) in the Forms section

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• FOUNTAIN VALLEY MEDICAL CENTER PHARMACY •  
11100 WARNER AVE., FOUNTAIN VALLEY, CA 92708  
(714) 979-9600 • FAX (714) 979-0532

