

Date: _____

CALL US WITH ANY QUESTIONS.

BARNWELL, SC: (803)-259-1234
NORTH, SC: (803)-247-2133

BLACKVILLE, SC: (803)-284-3372
NEESES, SC: (803)-247-2135

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:

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

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.

FAX FORMS TO:

BARNWELL, SC: (803)-259-1239
NORTH, SC: (803)-247-2133

BLACKVILLE, SC: (803)-284-2851
NEESES, SC: (803)-247-2135