

# BIOTOXIN ILLNESS PRESCRIPTION ORDER FORM

Phone: (855) 876-3060 | Fax: (866)893-9320

## PATIENT INFORMATION

PATIENT NAME (PRINT) \_\_\_\_\_ DOB \_\_\_\_\_

ALLERGIES \_\_\_\_\_ DIAGNOSIS CODE \_\_\_\_\_

PATIENT ADDRESS \_\_\_\_\_

CITY STATE ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

## INSURANCE INFORMATION

INSURANCE NAME \_\_\_\_\_ MEMBER ID \_\_\_\_\_

BIN \_\_\_\_\_ GROUP # \_\_\_\_\_ PCN # \_\_\_\_\_ HELP DESK PHONE# \_\_\_\_\_

## PRODUCT

## SIZE

## REFILLS

- |  |                                 |       |
|--|---------------------------------|-------|
| <input type="checkbox"/> Amphotericin B 0.25% Nasal Spray<br><i>Directions: Use 1 spray in each nostril 3-4 times a day</i>  | <input type="checkbox"/> 50mL   | _____ |
| <input type="checkbox"/> BEG Nasal Spray*<br><i>Bactroban (Mupirocin) 0.2%, Edetate Disodium (EDTA) 1%, Gentamicin 0.5%</i><br><i>Directions: Use 1 spray in each nostril twice a day</i>  | <input type="checkbox"/> 50mL   | _____ |
| <input type="checkbox"/> BEL Nasal Spray*<br><i>Bactroban (Mupirocin) 0.2%, Edetate Disodium (EDTA) 1%, Levofloxacin 0.5%</i><br><i>Directions: Use 1 spray in each nostril 3-4 times a day</i>  | <input type="checkbox"/> 50mL   | _____ |
| <input type="checkbox"/> BEG-IB Nasal Spray*<br><i>Bactroban (Mupirocin) 0.2%, Edetate Disodium (EDTA) 1%, Gentamicin 0.5%</i><br><i>Itraconazole 1%, Budesonide 0.025%</i><br><i>Directions: Use 1 spray in each nostril 2 times a day</i>    | <input type="checkbox"/> 50mL   | _____ |
| <input type="checkbox"/> EDTA 1% Nasal Spray<br><i>Directions: Use 1 spray in each nostril 3-4 times a day</i>   | <input type="checkbox"/> 50mL   | _____ |
| <input type="checkbox"/> Cholestyramine Powder (CSM) with Methylcellulose<br><i>Dosage: 8 grams (contains 4 grams of cholestyramine resin)</i><br><i>Directions: Take 2 scoops (8 grams) 3-4 times a day mixed with 8 oz of water or juice</i> | <input type="checkbox"/> 1080gm | _____ |
| <input type="checkbox"/> Pure Cholestyramine Resin<br><i>Directions: Take 1 scoop (4 grams) 3-4 times a day mixed with 8 oz of water or juice</i>  | <input type="checkbox"/> 480gm  | _____ |
| <input type="checkbox"/> Pure Cholestyramine Resin 500mg Capsules<br><i>Dosage: 8 capsules equals 4 grams of cholestyramine resin</i><br><i>Directions: Take 8 capsules (4 grams) 3-4 times a day with 8 oz of water or juice</i>              | <input type="checkbox"/> #960   | _____ |

\*All BEG and BEL nasal sprays contain a Mucolox® alternative.

## Physician Verification

I have reviewed my patient's medical record and determined the medication(s) / supplies ordered are medically necessary. I verify I have examined and diagnosed the patient as indicated above. I will comply with state and federal documentation requirements by retaining a copy of this prescription in the patient's medical record. The prescription is to be dispensed as written unless otherwise instructed by me.

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

Physician: \_\_\_\_\_ NPI #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**FAX FORM TO: (866) 893-9320**

**IMPORTANT: Please fax insurance card. Your patient will be called promptly.**

Revision Date: 06/22/2016 -NV/CO