



Woodland Hills Compounding Pharmacy

BIOTOXIN ILLNESS 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 <i>Directions: Use 1 spray in each nostril 3-4 times a day</i> | <input type="checkbox"/> 50mL | _____ |
| <input type="checkbox"/> BEG Nasal Spray* <i>Bactroban (Mupirocin) 0.2%, Edetate Disodium (EDTA) 1%, Gentamicin 0.5%</i> <i>Directions: Use 1 spray in each nostril twice a day</i> | <input type="checkbox"/> 50mL | _____ |
| <input type="checkbox"/> BEL Nasal Spray* <i>Bactroban (Mupirocin) 0.2%, Edetate Disodium (EDTA) 1%, Levofloxacin 0.5%</i> <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* <i>Bactroban (Mupirocin) 0.2%, Edetate Disodium (EDTA) 1%, Gentamicin 0.5%</i> <i>Itraconazole 1%, Budesonide 0.025%</i> <i>Directions: Use 1 spray in each nostril 2 times a day</i> | <input type="checkbox"/> 50mL | _____ |
| <input type="checkbox"/> EDTA 1% Nasal Spray <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 <i>Dosage: 8 grams (contains 4 grams of cholestyramine resin)</i> <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 <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 <i>Dosage: 8 capsules equals 4 grams of cholestyramine resin</i> <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: 08/04/2016