WHCP
Woodland Hills Compounding Pharmacy

NASAL SPRAY 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 In Alphabetical Order	SIZE	REFILLS
☐ Acetylcysteine 10% Nasal Spray	☐ 50mL	_____
☐ Amphotericin B 0.25% Nasal Spray	☐ 50mL	_____
☐ BEG Nasal Spray* *Bactroban (Mupirocin) 0.2%, Edetate Disodium (EDTA) 1%, Gentamicin 0.5%*	☐ 50mL	_____
☐ BEG-IB Nasal Spray* *Bactroban (Mupirocin) 0.2%, Edetate Disodium (EDTA) 1%, Gentamicin 0.5%* *Itraconazole 1%, Budesonide 0.025%*	☐ 50mL	_____
☐ BEL Nasal Spray* *Bactroban (Mupirocin) 0.2%, Edetate Disodium (EDTA) 1%, Levofloxacin 0.5%*	☐ 50mL	_____
☐ EDTA 1% Nasal Spray	☐ 50mL	_____
☐ Gentamicin 0.3% Nasal Spray	☐ 50mL	_____
☐ Glutathione 10% Nasal Spray	☐ 50mL	_____
☐ Itraconazole 1% Nasal Spray	☐ 50mL	_____
☐ Lidocaine 4% Nasal Spray	☐ 50mL	_____
☐ Mupirocin 0.2% Nasal Spray	☐ 50mL	_____
☐ Sinusitis Nasal Spray *Mupirocin 0.2%, Itraconazole 1%, Xylitol 2%, Bismuth 0.1%, Triamcinolone 0.03%*	☐ 50mL	_____
☐ Vancomycin 10% Nasal Spray	☐ 50mL	_____

All Nasal Spray Directions: Use 1 spray in each nostril 3-4 times a day

**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