Woodland Hills Compounding Pharmacy

WHCP

TOPICAL SINUS THERAPY

Rx

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

1. Patient Information

Patient: _____ DOB: ____/_____/____

Age: _____ Tel: Home (_____) _____

Work (_____) _____ Cell (_____) _____

Address: _____

City: _____ ST: _____ Zip: _____

Medical Ins. (or fax copy of card): _____

ID#: _____ Group#: _____

Ins Tel#: (_____) _____ Medication Allergies: _____

2. Diagnosis

- ☐ J32.9 CRS, Unspecified
- ☐ J30.9 Allergic Rhinitis, Unspecified
- ☐ J01.90 Acute Sinusitis, Unspecified
- ☐ J32.0 Chronic Sinusitis, Maxillary
- ☐ J32.1 CRS, Frontal
- ☐ J32. 2 Chronic Sinusitis, Ethmoidal
- ☐ J32. 3 CRS, Sphenoidal
- ☐ J01.40 Acute Sinusitis, Pansinusitis
- ☐ J32.4 CRS, Pansinusitis
- ☐ B49 Mycoses, Unspecified
- ☐ Other _____

3. Prescription most often ordered by physicians

Check box indicates BID X 30 days unless alternate directions are marked.	Refills	ALTERNATE SIG	ALTERNATE DAYS
☐ Vancomycin (200 mg) + Betamethasone (0. 5 mg) + Tobramycin (100 mg)			
☐ Tobramycin (100mg) + Betamethasone (0.5 mg) + Mupirocin (5 mg)			
☐ Levofloxacin (100 mg) + Betamethasone (0.5 mg)			
☐ Tobramycin (100 mg) + Betamethasone (0.5 mg) + Itraconazole (40 mg)			
☐ Tobramycin (100 mg) + Betamethasone (0.5 mg) + Amphotericin B (5 mg)			
☐ Levofloxacin (100 mg) + Betamethasone (0.5 mg) + Amphotericin B (5 mg)			
☐ Tobramycin (100 mg) + Betamethasone (0.5 mg) + Clindamycin (150 mg)			
☐ Itraconazole (40 mg) + Betamethasone (0.5 mg) + Clindamycin (150 mg)			
☐ Levofloxacin (100 mg) + Betamethasone (0.5 mg) + Clindamycin (150 mg)			

Single Medications BID X 30 days	Refills	ALTERNATE SIG	ALTERNATE DAYS	***Single Medications BID X 30 days***	Refills	ALTERNATE SIG	ALTERNATE DAYS
☐ Acetylcysteine (200 mg)				☐ Itraconazole (40 mg)			
☐ Amphotericin B (5 mg)				☐ Levofloxacin (100 mg)			
☐ Betamethasone (0.5mg)				☐ Mupirocin (5 mg) -Atomizer Dose			
☐ Budesonide (0.6 mg)				☐ Mupirocin (15 mg) -Rinse Dose			
☐ Gentamicin (80 mg)				☐ Nystatin (50,000 units)			
☐ EDTA (15 mg) (Chelating Agent)				☐ Tobramycin (100 mg)			
☐ Other				☐ Vancomycin (200 mg)			

4. Delivery Devices

Atomized Nasal Sinus Therapy

☐ **RhinoClear Sprint™ Atomizer**

Atomize medication into both nostrils BID x 30 days

Alternate Dosing: _____ x _____ Days

☐ **NasoNeb® Nasal Nebulizer**

Use as directed

Alternate Dosing: _____ x _____ Days

☐ Other: _____

Medicated Sinus Rinse Therapy:

☐ **Neilmed® Saline Rinse**

Add medication to 240ml of saline. Rinse each nostril with 120ml of medicated saline BID x 30 days.

Alternate Dosing: _____ x _____ Days

5. 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: 09/26/2016