

Nasal Nebulizer & Sinus Irrigation Therapy Compounds

Patient Name: _____ Date: _____ DOB: _____ Allergies: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Phone: _____ Cell: _____
 Physician Name: _____ Physician Contact Info: _____

All compounds listed here are compounded by EPC/Kohll's Pharmacy & Homecare for your patient's individual needs.

Please select one from category A, B and C. Should the A or B therapy not be approved under patient's insurance, the category C option will be dispensed.

I am, as the prescriber, giving my consent for EPC/Kohll's Pharmacy to dispense either option in a quantity as outlined below or as dictated by insurance limits and/or patient request.

- ___ A1. Levofloxacin 125mg/Mupirocin 100mg/Fluticasone Propionate 3mg/Itraconazole 50mg capsule (Rx Temp 0056)
- ___ A2. Levofloxacin 125mg/Fluticasone Propionate 3mg/Itraconazole 50mg capsule (Rx Temp 0096)
- ___ A3. Tobramycin 100mg/Fluticasone Propionate 3mg/Itraconazole 50mg capsule (Rx Temp 1237)
- ___ A4. Mupirocin 100mg/Fluticasone Propionate 3mg/Itraconazole 50mg capsule (Rx Temp 1238)
- ___ A5. Mupirocin 200mg capsule (Rx Temp 1239)
- ___ A6. Vancomycin 100mg/Fluticasone Propionate 3mg/Itraconazole 50mg capsule (Rx Temp 1240)
- ___ A7. Itraconazole 50mg/Fluticasone Propionate 3mg capsule (Rx Temp 1241)

- ___ B1. Colistimethate 150mg vial AND CMPD Fluconazole 15mg/Betamethasone Sodium Phosphate 0.75mg capsule (RX Temp 1569)
- ___ B2. Ceftriaxone 1gm vial AND CMPD Fluconazole 15mg/Betamethasone Sodium Phosphate 0.75mg capsule (RX Temp 1569)
- ___ A3. Gentamicin 80mg vial AND CMPD Fluconazole 15mg/Betamethasone Sodium Phosphate 0.75mg capsule (RX Temp 1569)

- ___ C1. Budesonide 0.5mg (Rx Temp 2054)
- ___ C2. Budesonide 0.75mg (Rx Temp 1775)
- ___ C3. Ciprofloxacin HCL 90mg (Rx Temp 1593)
- ___ C4. Ciprofloxacin HCL 90mg / Betamethasone Sodium Phosphate 0.75mg (Rx Temp 1883)
- ___ Ciprofloxacin HCL 90mg / Fluconazole 15mg (Rx Temp 1259)
- ___ C5. Ciprofloxacin HCL 90mg/Fluconazole 15mg/Betamethasone Sodium Phosphate 0.75mg (Rx Temp 1260)
- ___ C6. Fluconazole 15mg / Betamethasone Sodium Phosphate 0.75mg (Rx Temp 1569)
- ___ C7. Levocetirizine 2mg / Montelukast Sodium 3mg (Rx Temp 2080)

✓ Directions: Please select desired directions/route of administration

	NasoNeb Nebulizer Kit: Use 1 dose in NEBULIZER system 2 times daily to deliver medication into sinus cavity. If capsule, mix the contents of capsule with sterile diluent before administering. (Sig code SINUSNEB)
	Add: Sodium Chloride 0.9% 5ml inhalation vials
	Neil Med Irrigation Kit: Add 1 dose into IRRIGATION system, add distilled water, mix, irrigate - repeat 2 times daily. (Sig code SINUSIRR)

Quantity: _____ (30 day supply unless otherwise indicated here)

Refills: 1 2 3 4 5 (Circle one)

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 to be dispensed as written unless otherwise instructed by me.

Prescriber Signature: _____

Date: _____ **DEA #:** _____

• Kohll's utilizes Loxasperse™ as dispersing/solubilizing agent which is a registered trademark of PCCA(Professional Compounding Centers of America).
 • Version 3.30.16

Diagnostic Codes:

- ___ 041.12 MRSA
- ___ 461.8 Acute Sinusitis Pansinusitis
- ___ 461.9 Acute Sinusitis Unspecified
- ___ 471.9 Nasal Polyps
- ___ 473.0 Chronic Sinusitis Maxillam
- ___ 473.1 Chronic Sinusitis Frontal
- ___ 473.2 Chronic Sinusitis Ethmoidal
- ___ 473.3 Chronic Sinusitis Sphenoidal
- ___ 473.8 Chronic Sinusitis Pausinusitis
- ___ 473.9 Chronic Sinusitis Unspecified
- ___ 477.9 Allergic Rhinitis