

ORDER FORM FOR ORAL THERAPY MEDICATIONS

Patient's Name: _____	Date of Birth: _____
**Patient's Address: _____	Email: _____
**Home Phone Number: _____	**Cell Phone Number: _____
Patient's Allergies: _____	

Prescription Signature: _____

Prescriber: _____ Person Faxing: _____

DEA: _____ NPI: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

****PLEASE FAX COPIES OF BOTH MEDICAL AND PRESCRIPTION CARDS****

**Required Fields

I have indicated by number(s) below, in order of preference, the medication(s) I am prescribing. The pharmacy shall dispense my first preference, unless not covered by the patient's insurance, in which case the pharmacy shall proceed in similar manner based on my order of preference. The pharmacy may dispense any drug selected below, regardless of order of preference, based on the patient's choice.

PAIN CREAM

- | | |
|--|---------------------------|
| <input type="checkbox"/> M001: Levofloxacin 125 mg - Fluticasone 3 mg - Fluconazole 15 mg | *Capsule* Delivery System |
| <input type="checkbox"/> M002: Ciprofloxacin 90 mg - Fluticasone 3 mg - Fluconazole 15 mg | *Capsule* Delivery System |
| <input type="checkbox"/> M003: Mupirocin 100 mg - Fluticasone 3 mg - Fluconazole 15 mg | *Capsule* Delivery System |
| <input type="checkbox"/> M004: Sulfamethoxazole 80 mg Trimethoprim – 50mg - Fluticasone 3 mg - Fluconazole 15 mg | *Capsule* Delivery System |
| <input type="checkbox"/> M005: Fluticasone 3 mg - Fluconazole 15 mg | *Capsule* Delivery System |
| <input type="checkbox"/> M006: Azithromycin 80 mg Trimethoprim – 50mg - Fluticasone 3 mg - Fluconazole 15 mg | *Capsule* Delivery System |
| <input type="checkbox"/> M007: Fluticasone 3 mg - Itraconazole 50 mg | *Capsule* Delivery System |
| <input type="checkbox"/> M008: BLM mouthwash - Mag&Al - Sim - Diphenhyd - Lidocaine - 120ml or 240ml | |
| <input type="checkbox"/> M009: BXN mouthwash - Nystatin - Lidocaine - Diphenhyd - 240ml | |
| <input type="checkbox"/> M010: Duke's mouthwash - Nystatin - Hydrocortisone - Diphenhyd - 240ml | |
| <input type="checkbox"/> M011: Marv's mouthwash - Nystatin - Tcn - Hc - Diphenhydramine Hyd - 240ml | |

DIRECTIONS

Please Check all Applicable direction(s) - other delivery methods and directions are available.

- Mix contents of 1 capsule with 10cc of water, mouthwash or Benadryl or generic equivalent liquid provided. - swish in mouth and swallow mixture 3 times daily ***unless otherwise indicated Benadryl or generic equivalent liquid provided.***
- Mix contents of 1 capsule with 10cc of water, mouthwash or Benadryl or generic equivalent liquid provided. - swish in mouth and spit mixture 3 times daily ***unless otherwise indicated Benadryl or generic equivalent liquid provided.***

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

Refills: 2 3 4 5 6 7 8 9 10 11 1yr

PRN

Other: _____

- I AUTHORIZE THE PHARMACIST AND/OR PHARMACY STAFF TO ACT AS MY AGENT TO ACQUIRE A PRIOR AUTHORIZATION ON THIS PRESCRIPTION

REP ID