

**ORDER FORM FOR EAR THERAPIES MEDICATIONS**

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

**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.

**COMMONLY REQUESTED MEDICATIONS: (CMPD refers to medication compounded by pharmacy)**

- |   |  |
|---|--|
| <input type="checkbox"/> E001: <b>Levofloxacin 125 mg - Fluticasone 3 mg - Fluconazole 15 mg</b>                          | Capsule* (RX Temp0937) Delivery System |
| <input type="checkbox"/> E002: <b>Ciprofloxacin 90 mg - Fluticasone 3 mg - Fluconazole 15 mg</b>                          | Capsule* (RX Temp0937) Delivery System |
| <input type="checkbox"/> E003: <b>Mupirocin 100 mg - Fluticasone 3 mg - Fluconazole 15 mg</b>                             | Capsule* (RX Temp0937) Delivery System |
| <input type="checkbox"/> E004: <b>Azithromycin 50 mg Trimethoprim – 50mg - Fluticasone 3 mg - Fluconazole 15 mg</b>       | Capsule* (RX Temp0937) Delivery System |
| <input type="checkbox"/> E005: <b>Sulfamethoxazole 80 mg - Trimethoprim – 50mg - Fluticasone 3 mg - Fluconazole 15 mg</b> | Capsule* (RX Temp0937) Delivery System |
| <input type="checkbox"/> E006: <b>CMPD Fluticasone 3 mg - Fluconazole 15 mg</b>   | Capsule* (RX Temp0937) Delivery System |
| <input type="checkbox"/> E007: <b>CMPD Fluticasone 3 mg - Itraconazole 50 mg</b>  | Capsule* (RX Temp0937) Delivery System |

**OTIC (ENT - APEX) RX DIRECTIONS AND PATIENT INSTRUCTIONS**

Open and empty the contents of one capsule into the white dropper bottle. Add 2 dropper fulls (3ml) of propylene glycol provided in amber dropper bottle. Mix well by swirling and gently shaking and instill medicine in affected ear(s) \_\_\_\_\_ drops \_\_\_\_\_ times a day.

Apply 1-2 gm gently to healed incision 2-3 times per day.

Other: \_\_\_\_\_

Quantity to Dispense: 60 capsules      90 capsules      Other: \_\_\_\_\_

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

**DETAILED INSTRUCTIONS TO BE GIVIN TO THE PATIENT WITH EACH PRESCRIPTION BY COMPOUNDING PHARMACY:**

- Open and empty the contents of one capsule into the white dropper bottle provided. You may need to squeeze the capsule and roll it in between your fingers to get all of the medication out.
- Add 2 droppers full (3ml) of propylene glycol (provided in amber dropper bottle) to the white dropper bottle.
- Mix well by swirling and gently shaking the closed white dropper bottle. The contents of the capsule will probably not dissolve completely. You will have a cloudy suspension.
- Tilt head to the side and instill 4-6 drops into the affected ear. Hold for 15-20 seconds and raise head back up. You may use a cotton ball in the ear to prevent the suspension from running down your face/neck.
- Repeat for other ear if instructed to do so by your physician.
- Discard any unused suspension that is remaining. Clean white dropper bottle for next use.

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

REP ID

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