

**ORDER FORM FOR PEDIATRIC 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.

**REFLUX**

- R001: **Omeprazole** \_\_\_\_\_ mg/ml Oral Suspension  
SIG: Give \_\_\_\_\_ ml, by mouth twice per daily.  
Quantity to Dispense:  30 ml       60 ml       \_\_\_\_\_ ml
- R002: **Lansoprazole** \_\_\_\_\_ mg/ml Oral Suspension  
SIG: Give \_\_\_\_\_ ml, by mouth twice per daily.  
Quantity to Dispense:  30 ml       \_\_\_\_\_ ml
- R003: **Bethanecol 1mg/ml**  
SIG: Give 1ml, by mouth four times per day 30min prior to feeding.  
Quantity to Dispense:  30 ml       \_\_\_\_\_ ml  
Refills:     1       2       3       4       5       1yr

**DIAPER RASH**

- DR001: **Magic Diaper Rash Paste - Chloestyramine 8% and Maalox in Aquaphor**  
SIG: Apply a thin layer to diaper rash area after each diaper change.  
Quantity to Dispense:  60 ml       120 ml
- DR002: **Nystatin Topical Ointment - Nystatin 0.76%/Karaya Gum 33%**  
SIG: Apply a thin layer to diaper rash area after each diaper change.  
Quantity to Dispense:  60 ml       120 ml  
Refills:     1       2       3       4       5       1yr

**EAR INFECTIONS**

- EI001: **Mupirocin 20mg - Betamethasone 0.75mg - Amphotericin 10mg**  
SIG: Empty the entire contents of one capsule into dropper bottle, add 3ml, of Propylene Glycol (provided) to dropper bottle, mix well and instill \_\_\_\_\_ drops into \_\_\_\_\_ ear(s) \_\_\_\_\_ times daily. \_\_\_\_\_ 60 capsules \_\_\_\_\_ 90 capsules
- EI002: **Gentamicin 80mg - Fluconazole 15mg - Betamethasone 0.5 mg**  
SIG: Empty the entire contents of one capsule into dropper bottle, add 3ml, of Propylene Glycol (provided) to dropper bottle, mix well and instill \_\_\_\_\_ drops into \_\_\_\_\_ ear(s) \_\_\_\_\_ times daily. \_\_\_\_\_ 60 capsules \_\_\_\_\_ 90 capsules  
Refills:     1       2       3       4       5       1yr  
Other: \_\_\_\_\_

**ALLERGY CREAM**

- A001: **Diphenhydramine HCL 2% - Hydrocortisone 1%**
- A002: **Fluticasone Propionate 0.1 % - Levocetirizine Dihydrochloride 2%**  
SIG: Apply 1-2 gm, 2 times per day to affected sinus area for allergies.  
Quantity to Dispense:  120 ml  
Refills:     1       2       3       4       5       1yr

**SCAR CREAM**

- S001: **Fluticasone Prop. 0.25% - Levocetirizine 2% - Topical Gel (PracaSil-Plus)**
- S002: **Gabapentin 15% - Loratadine 2% - Prilocaine HCL 3% - Topical Gel (PracaSil-Plus)**  
SIG: Apply 1-2 gm, 2 times per day to affected area for scar treatment.  
Quantity to Dispense:  50 gm  
Refills:     1       2       3       4       5       1yr

**ANTI-NAUSEA**

- AN001: **Promethazine 50mg/ml**  
SIG: Apply 0.25-0.5 ml to wrist 2-3 times per day as needed.  
Quantity to Dispense:  \_\_\_\_\_ ml  
Refills:     1       2       3       4       5       1yr  
Other: \_\_\_\_\_

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

REP ID

\_\_\_\_\_