

ORDER FORM FOR PEDIATRIC 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.

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
