ASL PHARMACY® MEDICATED IRRIGATION

900 Calle Plano, Suite M – Camarillo, CA 93012 – Tel 1-866-552-7579 - Fax 1-866-442-7579

1. Patient Information

Patient: _____ **DOB:** ____/____/____
Age: _____ **M** ___ **F**___ **Tel: Home (**_____**)**_____
Work (_____**)** _____ **Cell (**_____**)** _____
Address: _____
City: _____ **ST:** _____ **Zip:** _____
Medical Ins. (*or fax copy of card*): _____
ID#: _____**Group#:** _____
Ins Tel#: (_____**)** _____**Ins Fax# (**_____**)**_____

4. Diagnosis

- ☐ 473.9 CRS, Unspecified
- ☐ 477.9 Allergic Rhinitis, Unspecified
- ☐ 461.9 Acute Sinusitis, Unspecified
- ☐ 473.0 Chronic Sinusitis, Maxillary
- ☐ 473.1 CRS, Frontal
- ☐ 473.2 Chronic Sinusitis, Ethmoidal
- ☐ 473.3 CRS, Sphenoidal
- ☐ 461.8 Acute Sinusitis, Pansinusitis
- ☐ 473.8 CRS, Pansinusitis
- ☐ 117.90 Mycoses, Unspecified
- ☐ Other _____

2. Irrigation Equipment: (check 1)

☐ **Nasoneb® Nasal Nebulizer for simultaneous medicated irrigation of both sinuses.** Mix medication(s) with unit-dose sterile saline provided by ASL Pharmacy®.

☐ **NeilMed® Sinus Rinse Bottle.** Add medication to 100ml of saline. Irrigate each nostril with 50cc of medicated saline.

5. Medication Allergies

1._____
2._____
3._____

Culture/Sensitivity/Organism:_____
Comments:_____
_____
_____

3. Prescriptions most often ordered by physicians

Combination Prescription (all medications provided in sterile unit dose vials)	Frequency	Days	Refills
☐ Tobramycin (125 mg) + Mometasone (0.6 mg)	☐ BID ☐ TID	30	
☐ Vancomycin (160 mg) + Mometasone (0.6 mg)	☐ BID ☐ TID	30	
☐ Levofloxacin (100 mg) + Mometasone (0.6 mg)	☐ BID ☐ TID	30	
☐ Ceftriaxone (500 mg) + Budesonide (0.6 mg)	☐ BID ☐ TID	30	
☐ Levofloxacin (100 mg) + Amphotericin B (5 mg) + Mometasone (0.6 mg)	☐ BID ☐ TID	30	
☐ Mupirocin (5 mg) + Tobramycin (125 mg) + Mometasone (0.6 mg)	☐ BID ☐ TID	30	
☐ Clarithromycin (125 mg) + Tobramycin (125 mg) + Mometasone (0.6 mg)	☐ BID ☐ TID	30	
☐ Tobramycin (125 mg) + Itraconazole (40 mg) + Budesonide (0.6 mg)	☐ BID ☐ TID	30	
☐ Tobramycin (125 mg) + Amphotericin B (5 mg) + Budesonide (0.6 mg)	☐ BID ☐ TID	30	

Single Medications	Frequency	Day	Refills	*Single Medications*	Frequency	Days	Refills
☐ Ceftazidime (650 mg)	☐ BID ☐ TID	30		☐ Clarithromycin (125 mg)	☐ BID ☐ TID	30	
☐ Vancomycin (160 mg)	☐ BID ☐ TID	30		☐ Budesonide (0.6 mg)	☐ BID ☐ TID	30	
☐ Tobramycin (125 mg)	☐ BID ☐ TID	30		☐ Mometasone (0.6 mg)	☐ BID ☐ TID	30	
☐ Levofloxacin (100 mg)	☐ BID ☐ TID	30		☐ Budesonide (TEVA 0.5 mg)	☐ BID ☐ TID	30	
☐ Mupirocin (5 mg)	☐ BID ☐ TID	30		☐ Itraconazole (40 mg)	☐ BID ☐ TID	30	
☐ Ceftriaxone (500 mg)	☐ BID ☐ TID	30		☐ Amphotericin B (5 mg)	☐ BID ☐ TID	30	
☐ Other:							

6. 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 is to be dispensed as written unless otherwise instructed by me.

Signature: _____ **Date:** _____
Physician:_____ **Contact:** _____
Phone: _____ **Fax:**_____
Address:_____ **City:**_____**ST:**___**Zip:**_____
State License: On File **NPI #:** On File

 mcode: CT

Fax completed form to ASL PHARMACY® at 1-866-442-7579