



Prescription Order Form

Patient Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Allergies: _____ Phone: (_____) _____

COMPOUNDED SINUS IRRIGATION CAPSULES

All capsules are made with a Xylitol/Poloxamer Blend and a 180-day Beyond-Use-Date

Antibiotic/Antifungal/Antihistamine:

- ☐ Gentamicin 80mg + Amphotericin B 25mg + EDTA 75mg + Ketotifen 0.5mg + Mupirocin 50mg
- ☐ Gentamicin 80mg + Itraconazole 40mg + EDTA 75mg + Ketotifen 0.5mg + Budesonide 0.5mg + Mupirocin 50mg + Aloe 5mg

Antibiotic:

- ☐ Gentamicin 80mg + EDTA 75mg + Aloe 5mg
- ☐ Tobramycin 100mg + EDTA 75mg + Aloe 5mg
- ☐ Levofloxacin 100mg + EDTA 75mg + Aloe 5mg
- ☐ Mupirocin 50mg + EDTA 75mg + Aloe 5mg
- ☐ Gentamicin 80mg + Mupirocin 50mg + EDTA 75mg + Aloe 5mg

Antifungal:

- ☐ Amphotericin B 25mg + EDTA 75mg + Ketotifen 0.5mg + Aloe 5mg
- ☐ Nystatin 50,000 units + EDTA 75mg

Anti-Inflammatory/Antihistamine:

- ☐ Budesonide 0.5mg + Ketotifen 0.5mg + Aloe 5mg
- ☐ Budesonide 0.5mg + Ketotifen 0.5mg

May add or substitute to above formulas (if substituting then cross out any ingredients above that you are substituting for):

- | | | | |
|--|--|---|--|
| ☐ Gentamicin 80mg | ☐ Tobramycin 100mg | ☐ Levofloxacin 100mg | ☐ Cromolyn 20mg |
| ☐ Aloe 5mg | ☐ Budesonide 0.5mg | ☐ EDTA 75mg | ☐ Mupirocin 50mg |
| ☐ Itraconazole 40mg | ☐ Clindamycin 150mg | ☐ Ketotifen 0.5mg | ☐ Nystatin 50,000 units |

Quantity: ☐ 30 ☐ 60 capsules

Refills: _____

Directions: Dissolve contents of 1 capsule into irrigation device with 180-240ml of distilled water ☐ Daily ☐ Twice daily
x _____ weeks. Flush with 60ml per nostril.

Alternate/Additional Directions: _____

Prescriber Signature: _____ Today Date: _____

Prescriber Printed Name: _____ ☐ MD ☐ DO ☐ ND ☐ PA ☐ NP ☐ CNM/CN

State License: _____ DEA: _____ NPI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

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