



# ILLINOIS COMPOUNDING PHARMACY

- 1117 S MILWAUKEE AVE STE A2 • LIBERTYVILLE, IL • 60048
- PHONE: (847)603-1034 • FAX: (847)232-7425
- WWW.ILLINOISCOMPOUNDINGPHARMACY.COM

## SINUSITIS COMPOUND ORDER FORM



PATIENT INFORMATION SECTION			PRESCRIBER INFORMATION SECTION		
Patient Name:			Prescriber Name:		
Address:			DEA:	NPI:	
City:	State:	Zip:	City:	State:	Zip:
Phone:	Allergies:		Phone:	Fax:	

### ENCAPSULATED POWDERS FOR NEBULIZATION

The following commonly requested formulas are utilized in a nasal nebulization device. Each capsule contains one dose. The patient opens the capsule and mixes the contents of the capsule with a designated amount of saline or sterile water and utilizes the mixture with their nebulizer.

### FORMULATION SELECTION

Choose by checking the box to the left of the formula:

- Levofloxacin 100mg-Mometasone Furoate 0.6mg Capsules (for Nebulization)
- Tobramycin 125mg-Budesonide 0.6mg Capsules (for Nebulization)
- Tobramycin 125mg-Budesonide 0.6mg-Amphotericin B 5mg Capsules (for Neb.)
- Tobramycin 125mg-Betamethasone 0.5mg-Amphotericin B 5mg Capsules (for Neb.)
- Vancomycin 200mg-Betamethasone 0.5mg Capsules (for Nebulization)
- Vancomycin 200mg-Betamethasone 0.5mg-Amphotericin B 5mg Capsules (for Neb.)

### QUANTITY SELECTION

Choose a dispense quantity by checking the corresponding box:  30 each  60 each  90 each  \_\_\_\_\_ each


### DIRECTIONS FOR US

Choose pre-worded directions below or manually enter directions for use:

- Mix the contents of one capsule into saline or sterile water and nebulize mixture BID as directed
- \_\_\_\_\_

Refills:  1  2  3  4  5  6  PRN

Send to PATIENT  Charge to PATIENT  Send to OFFICE  Charge to OFFICE



PRESCRIBER SIGNATURE DATE

### HOW TO SEND

1. Call in a prescription: (847)603-1034
2. Email prescription: ILcompoundingRx@gmail.com
3. Fax prescription: (847)232-7425
4. Upload the completed prescription order form to our website: <https://illinoiscompoundingpharmacy.com/upload-prescription>
5. Send Electronic ERX

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