



Our most popular custom antifungal agents, antibiotics, and steroids for the recurrent sinusitis patient.

NASAL SPRAY:

Amphotericin-B

Sig: Spray 5 times into

each nostril twice daily. 6mg

Disp Qty:#1 x 60ml 12mg

Antifungal agent 18mg

NASAL SPRAY:

Itraconazole

Sig: Spray 5 times into

each nostril twice daily. 60mg

Disp Qty:#1 x 60ml 120mg

Antifungal agent 120mg

NASAL SPRAY:

Fluconazole / Gentamicin

Sig: Spray 5 times into

each nostril twice daily. 12mg/20mg

Disp Qty:#1 x 60ml 12mg/20mg

Antifungal agent/Antibiotic 12mg/20mg

NASAL SPRAY:

Moxifloxacin

Sig: Spray 2 times into

each nostril twice daily. 48mg

Disp Qty:#1 x 30ml 48mg

Antibiotic 48mg

IRRIGATION:

Amphotericin-B

Sig: Irrigate sinuses with 16ml

through each nostril twice daily. 200mg

Disp Qty: 2000 ml 200mg

Antifungal agent 400mg

600mg

IRRIGATION:

Itraconazole (Sporonox)

Sig: Irrigate sinuses with 16ml

through each nostril twice daily. 200mg

Disp Qty: 2000 ml 200mg

Antifungal agent 400mg

IRRIGATION:

Gentamicin

Sig: Irrigate sinuses with 16ml

through each nostril twice daily. 160mg

Disp Qty: 2000 ml 160mg

Antibiotic 160mg

NASAL SPRAY:

Tobramycin/Clindamycin

Sig: Spray 5 times into

each nostril twice daily. 20mg/150mg

Disp Qty:#1 x 60ml 20mg/150mg

Antibiotic 20mg/150mg

NASAL SPRAY:

Dexamethasone

Sig: Spray 2 times into

each nostril twice daily. 30mg

Disp Qty:#1 x 30ml 30mg

Steroid 30mg

** Dexamethasone 2 fill limit **

3 rd fill must be approved by physician

Prescriptions based on 30 day supply. ** Refill: 1 2 3 4 5 PRN

Dx: _____

Allergies: _____

This prescription will be filled generically unless prescriber writes DAW in the box

DISPENSE AS WRITTEN

Home Care Solutions Pharmacy will contact you and confirm the order.

Special Orders/Special Instructions

Physician Name: _____ Physician Signature: _____

Office Telephone: _____ Fax: _____

NPI # _____ DEA # _____ UPIN# _____ State License # _____

Address: _____ Date: _____

Patient Name: _____ Date of birth: _____

Home Telephone: _____ Work : _____ Cell: _____

Address: _____

City: _____ State: _____ Zip: _____



FAX: 1-(866) 250-9303

