

# SinuSpray

**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.

**Disp Qty:** #1 x 60ml

Antifungal agent

Strength
1x
2x
3x

**NASAL SPRAY:**



Itraconazole

**Sig:** Spray 5 times into each nostril twice daily.

**Disp Qty:** #1 x 60ml

Antifungal agent

Strength
1x
2x

**NASAL SPRAY:**



Fluconazole / Gentamicin

**Sig:** Spray 5 times into each nostril twice daily.

**Disp Qty:** #1 x 60ml

Antifungal agent/Antibiotic

**NASAL SPRAY:**



Moxifloxacin

**Sig:** Spray 2 times into each nostril twice daily.

**Disp Qty:** #1 x 30ml

Antibiotic

**IRRIGATION:**



Amphotericin-B

**Sig:** Irrigate sinuses with 16ml through each nostril twice daily.

**Disp Qty:** 2000 ml

Antifungal agent

Strength
1x
2x
3x

**IRRIGATION:**



Itraconazole (Sporonox)

**Sig:** Irrigate sinuses with 16ml through each nostril twice daily.

**Disp Qty:** 2000 ml

Antifungal agent

Strength
1x
2x

**IRRIGATION:**



Gentamicin

**Sig:** Irrigate sinuses with 16ml through each nostril twice daily.

**Disp Qty:** 2000 ml

Antibiotic

**NASAL SPRAY:**



Tobramycin/Clindamycin

**Sig:** Spray 5 times into each nostril twice daily.

**Disp Qty:** #1 x 60ml

Antibiotic

**NASAL SPRAY:**



Dexamethasone

**Sig:** Spray 2 times into each nostril twice daily.

**Disp Qty:** #1 x 30ml

Steroid

Refills: 1 2 3 4 5 PRN

Prescriptions based on 30 day supply.

MD check the bottle or box

Dx: \_\_\_\_\_

Allergies: \_\_\_\_\_

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

**Our Pharmacy will contact you and confirm your order.**

DISPENSE AS WRITTEN

Custom Orders/Special Instructions

Physician Name: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Office Telephone: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

State License # \_\_\_\_\_ DEA # \_\_\_\_\_ UPIN# \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Work Telephone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**FAX (866) 250-9303**



630 Wymore Rd STE 370 Maitland FL 32751 Telephone (888) 273-9820

www.SinuSpray.com