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If you have received this fax in error, please notify us by phone at 800-995-4363

**Please fax orders to:  
1-800-985-4363**

Any questions, please call:  
1-800-995-4363  
Office Hours M – F 8:30am – 7:00pm EST

**Intranasal Preparations Order Form**

Please complete the information below. Missing, incomplete, or illegible information will cause a delay in your order.

Patient Information						
Name:				Date of Birth:		
Address:				City:	State:	Zip:
Phone (H):				Allergies:		
Insurance:				ID#	Group#:	

Prescription Information						
Preparation	Form	Concentration	Volume	✓	Sig	Refills
Amphotericin B	Irrigation	100 mcg/mL	1000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Irrigation	100 mcg/mL	2000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Irrigation	200 mcg/mL	1000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Irrigation	200 mcg/mL	2000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Nasal Spray	0.1 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
Betamethasone Sodium Phosphate	Nasal Spray	500 mcg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
	Nasal Spray	0.5 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
Budesonide	Nasal Spray	1 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
	Irrigation	10 mcg/mL	2000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
Ceftazidime	Nasal Spray	60 mcg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
	Irrigation	6 mg/mL	1000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
Ceftriaxone	Irrigation	0.1 mg/mL	1000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Nasal Spray	0.5 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
Dexamethasone	Nasal Spray	0.5 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
	Nasal Spray	1 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
Gentamicin	Irrigation	80 mcg/mL	1000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Irrigation	80 mcg/mL	2000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Irrigation	200 mcg/mL	1000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Irrigation	200 mcg/mL	2000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
Itraconazole	Irrigation	100 mcg/mL	1000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Irrigation	100 mcg/mL	2000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Irrigation	200 mcg/mL	2000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
Levofloxacin	Nasal Spray	1 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
	Irrigation	250 mcg/mL	1000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
Mometasone	Nasal Spray	2 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
	Nasal Spray	0.06 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
Mupirocin	Irrigation	1%	1000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Irrigation	2%	1000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Nasal Spray	0.5 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
	Nasal Spray	1%	60 mL		Spray ___ times into each nostril ___ times daily	
Tobramycin	Nasal Spray	2%	60 mL		Spray ___ times into each nostril ___ times daily	
	Nasal Spray	12.5 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
Voriconazole	Nasal Drops	0.3%	15 mL		Instill ___ drops into each nostril ___ times daily	
	Nasal Spray	0.3% / 0.1%	15 mL		Instill ___ drops into each nostril ___ times daily	

Preparation Combinations						
Ceftriaxone / Budesonide	Nasal Spray	0.5 / 0.06 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
Clindamycin / Tobramycin	Irrigation	0.3 / 0.08 mg/mL	2000 mL		Use ___ mL and irrigate nasal sinuses ___ times daily	
	Nasal Spray	2.5 / 0.33 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
Itraconazole / Budesonide	Nasal Spray	1 / 0.06 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
Itraconazole / Triamcinolone	Nasal Spray	0.1 / 0.1 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
Mupirocin / Mometasone	Nasal Spray	0.5 / 0.06 mg/mL	60 mL		Spray ___ times into each nostril ___ times daily	
Tobramycin / Dexamethasone	Nasal Drops	0.3% / 0.1%	15 mL		Instill ___ drops into each nostril ___ times daily	

Dispensing Applicator						
A bulb syringe is provided at no charge for administration of all irrigations						
IntraNase™	Qty:		Sinus Rinse™ Regular Kit	Qty:		NasaFlo™ Neti Pot
						Qty:

Physician Information						
Physician Name:				Facility Name or Clinic:		
Physician Signature:				Date:		
Address:				City:		
State / Zip:				Phone:		Fax:

By submitting this script, you acknowledge that this compounded preparation is necessary for the patient identified above.