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| Patient's Name: | Prescriber's Name: |
| Street Address: | Street Address: |
| City, State ZIP: | City, State ZIP: |
| Date of Birth: | Office #: |

PRESCRIBER'S SIGNATURE: **X** _____ DATE _____

NASAL HEALTH

NOTE: CMPD refers to a compounded medication. IDS refers to an Irrigation Delivery System.

1. ___ Budesonide 1.0mg-2ml Vial #180 (360ml) - empty 2 vials into IDS, add distilled water, irrigate once daily
 - a. If checked below, pharmacy is authorized to dispense the following in lieu of the medication listed in #1 above if needed for any reason or desired by patient
 - i. ___ Budesonide 1.0mg-2ml Vial #90 (180ml) - empty 1 vial into IDS, add distilled water, irrigate once daily
 - ii. ___ Budesonide 0.5mg-2ml Vial #90 (180ml) - empty 1 vial into IDS, add distilled water, irrigate once daily

ADDITIONAL COMPOUNDED MEDICATIONS AVAILABLE

**If CHECKED, also dispense the following with the above
Dispense #90 for 90-day supply - Empty 1 cap into IDS, add distilled water, irrigate once daily**

- | | |
|---|---------------------------------|
| ___ CMPD Azelastine HCL 500mcg Cap | ___ CMPD Theophylline 100mg Cap |
| ___ CMPD Acetylcysteine 100mg Cap | ___ OTHER _____ |
| ___ CMPD Acetylcysteine 100mg-Azelastine HCL 500mcg Cap | |

Refills: (Number of refills indicated here refers to all medications prescribed above)

- ___ 1 Year ___ 5 ___ 3 ___ 1 ___ Zero

ADDITIONAL DELIVERY DEVICE

___ If Checked, Discuss OTC NasoNeb® System #1 (www.nasoneb.com)

NasoNeb® is a registered trademark of NasoNeb, Inc. As always, the FDA does not review any compounded medication for safety or efficacy.

***By signing & submitting this form, prescriber understands & agrees that form will be reduced to a telephone/verbal order for simplicity.**

Please Fax Completed Form To: (256) 381-8065