

# Woodland Hills Compounding Pharmacy - COMPOUND PRESCRIPTION



Phone: (855) 876-3060 | Fax: (818) 876-3010

## ► Patient Information

Name:	DOB:		
Address:	City:	State:	Zip:
	Phone:		

Medication Allergies:

	ALTERNATE		REFILLS	ALTERNATE		REFILLS	
	SIG	DAYS		SIG	DAYS		
<input type="checkbox"/> Vancomycin (200mg) + Budesonide (0.6mg) + Tobramycin (100mg)							
<input type="checkbox"/> Tobramycin (100mg) + Budesonide (0.6mg) + Mupirocin (5mg)							
<input type="checkbox"/> Levofloxacin (100mg) + Budesonide (0.6mg)							
<input type="checkbox"/> Tobramycin (100mg) + Budesonide (0.6mg) + Itraconazole (40mg)							
<input type="checkbox"/> Tobramycin (100mg) + Budesonide (0.6mg) + Amphotericin B (5mg)							
<input type="checkbox"/> Levofloxacin (100mg) + Budesonide (0.6mg) + Amphotericin B (5mg)							
<input type="checkbox"/> BEG Bactroban (Mupirocin) 0.2% + EDTA 1% + Gentamicin 0.5%							
<input type="checkbox"/> BEL Bactroban (Mupirocin) 0.2% + EDTA 1% + Levofloxacin 0.5%							
<input type="checkbox"/> BEG-I Bactroban (Mupirocin) 0.2% + EDTA 1% + Gentamicin 0.5% + Itraconazole 1%							
Antibiotics	SIG	DAYS	REFILLS	Anti-Inflammatory	SIG	DAYS	REFILLS
<input type="checkbox"/> Tobramycin (100mg)				<input type="checkbox"/> Budesonide (0.6mg)			
<input type="checkbox"/> Vancomycin (200mg)			<input type="checkbox"/> Betamethasone (0.5mg)				
<input type="checkbox"/> Levofloxacin (100mg)			Anti-Fungals				
<input type="checkbox"/> Mupirocin (5mg)			<input type="checkbox"/> Amphotericin B (5mg)				
<input type="checkbox"/> Mupirocin (15mg)			<input type="checkbox"/> Itraconazole (40mg)				
<input type="checkbox"/> Gentamicin (80mg)			<input type="checkbox"/> Nystatin (50,000 Units)				
<input type="checkbox"/> Azithromycin (70mg)			<input type="checkbox"/> Voriconazole (10mg)				
<input type="checkbox"/> Clindamycin (150mg)			Chelating Agent				
Mucolytic			<input type="checkbox"/> EDTA (15mg)				
<input type="checkbox"/> Acetylcysteine (200mg)							



**Atomized Sinus Therapy**  
RhinoClear Sprint

Atomize medication into both nostrils BID x30 days



**Medicated Sinus Rinse Therapy**  
ChitoRhino Saline Rinse

Add medication in 240mL of saline. Rinse each nostril with 120mL of medicated saline BID x 30 days.

## ► Prescriber Information

Name:	Phone:		
Address:	City:	State:	Zip:
	NPI #:		
License #:			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FAX PRESCRIPTION TO: (818) 876-3010**