CLARK
PROFESSIONAL PHARMACY
Intergrative Pharmacy Since 1980

Prescription Order Form

Please Fax to: (734) 585-5184 or Call in to: (734) 369-8782

3280 Washtenaw Ave. Suite B, Ann Arbor, MI 48104

PCAB ACCREDITED Compounding Pharmacy

Patient Information:

PLEASE FAX: Patient Demographic Sheet & Prescription Insurance Card if available.

FIRST NAME:	LAST NAME:	DATE OF BIRTH:
PRIMARY PHONE #:	SECONDARY PHONE #:	DRIVER'S LICENSE (if CII, CIII or CIV):
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES:

Rx Medication Order:

Pharmacist Please Compound:

Prescriber: You may change the directions, or delete / substitute / add any additional medications for all formulations.

☐ **(BEG) Bactroban™ (Mupirocin) 0.2%**
Edetate Disodium 1%
Gentamicin .008% nasal spray
Dispense: 15 ML Refills: _____
SIG 1 spray into alternating nostril, 4 times per day.

☐ **(BEG-I) Bactroban™ (Mupirocin) 0.2%**
Edetate Disodium 0.1% Gentamicin 0.25%
Itraconazole 1% nasal spray
Dispense: 15 ML Refills: _____
SIG 1 spray into alternating nostril, 4 times per day.

☐ **Amphotericin B nasal 0.06% nasal spray**
Dispense: 30 ML Refills: _____
SIG 1 spray in each nostril up to 4 times a day.

☐ **Amphotericin B 0.25% preservative-free nasal solution with nasal atomizer**
Dispense: 60 ML Refills: _____
SIG 0.5ml (one spray) in each nostril, twice a day.

☐ **Nystatin 25,000 units per 0.1ML nasal spray**
Dispense: 30 ML Refills: _____
SIG 1 spray into each nostril, 4 times per day.

☐ **Fluconazole Nasal 0.5% MG/ML**
nasal solution with nasal atomizer
Dispense: 30 ML Refills: _____
SIG 0.5 ml (one spray) in each nostril, twice a day.

☐ **EDTA 0.5% in Colloidal Silver (Argentyn 23™)**
0.023% nasal spray
Dispense: 15 ML Refills: _____
SIG 1 spray into alternating nostril, 4 times per day.

☐ **EDTA 0.5% in Colloidal Silver (Argentyn 23™)**
0.023% Itraconazole 1% nasal spray
Dispense: 15 ML Refills: _____
SIG 1 spray into alternating nostril, 4 times per day.

(OPTIONAL) ADDITIONAL INSTRUCTIONS OR COMPOUNDS:

Note: All nasal spray bases are made with 15% Mucolox™

Prescriber Information:

PRESCRIBER'S SIGNATURE:

NPI# or DEA# (CTP# for CNPs only): DATE:

Contact Information: