



U Save It Pharmacy - Peach Valley

2310 Chesnee Hwy,
Spartanburg, SC 29303

P: 864-577-0087 F: 864-577-0599

PEACH VALLEY

Patient's Name: _____ DOB: _____ Date: _____

Address: _____ Telephone: _____

City: _____ State: _____ Zip: _____

MRSA Infections:

Mupirocin 0.2% Nasal Spray (Mucolox)

Vancomycin 25mg/ 0.1ml Nasal Solution (PF)

Disp: 30ml Refills: _____

Sig: Use 1-2 sprays in affected nostril(s) UD BID for _____ days

Vancomycin 50mg Capsules (Xylifos/ LoxaSpense)

Disp: _____ caps Refills: _____

Sig: Empty 1 capsule into nasal device UD and use UD, repeat BID for _____ days

Biofilms:

BEG Nasal Spray Variations:

Gentamicin 0.008%/ Mupirocin 0.2%/ Edetate Disodium 0.1% Nasal Spray (Mucolox)

Rafampin 2%/ Gentamicin 0.008%/ Mupirocin 0.2%/ Edetate Disodium 1% Nasal Spray

Disp: 30ml Refills: _____

Sig: Use 1-2 sprays in affected nostril(s) UD BID - TID

Mupirocin 30mg/ Edetate Disodium 15mg/ Gentamicin 80mg Capsules (Xylifos/ LoxaSpense)

Disp: _____ caps Refills: _____

Sig: Empty 1 capsule into nasal device UD and use UD, repeat BID – TID for _____ days

Biofilms Oral Rinse:

Azithromycin 1% Biofilm Oral Rinse Mucolox

Disp: 30ml Refills: _____

Sig: Take 1ml PO BID – TID for 7 – 10 days

Metronidazole 1% Biofilm Oral Rinse Mucolox

Disp: 45ml Refills: _____

Sig: Take 1ml PO BID – TID for 10 – 14 days

Doctor Name (Printed): _____ DEA: _____ Phone: _____

Dispense as Written

Substitution Permitted