U Save It Pharmacy - Peach Valley
2310 Chesnee Hwy,
Spartanburg, SC 29303
P: 864-577-0087 F:864-577-0599

Patient's Name: _____ DOB: _____ Date: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____

Sinusitis Capsules (commonly requested caps for utilization in a nasal nebulization device):

[ ] Tobramycin 125mg/ Budesonide 0.6mg Capsules
[ ] Tobramycin 100mg/ Betamethasone 0.5mg/ Amphotericin B 5mg Capsules
[ ] Tobramycin 125mg/ Vancomycin 160mg/ Budesonide 0.6mg Capsules
[ ] Tobramycin 100mg/ Vancomycin 200mg/ Betamethasone 0.5mg Capsules
[ ] Tobramycin 125mg/ Budesonide 0.6mg/ Mupirocin 5mg Capsules
[ ] Tobramycin 125mg/ Mometasone Furoate 0.6mg/ Mupirocin 5mg Capsules
[ ] Tobramycin 125mg/ Budesonide 0.6mg/ Itraconazole 40mg Capsules
[ ] Tobramycin 125mg/ Clarithromycin 125mg/ Mometasone 0.6mg Capsules
[ ] Vancomycin 160mg/ Mometasone Furoate 0.6mg Capsules
[ ] Vancomycin 200mg/ Betamethasone 0.5mg/ Amphotericin B 5mg Capsules
[ ] Levofloxacin 100mg/ Betamethasone 0.5mg/ Amphotericin B 5mg Capsules
[ ] Levofloxacin 100mg/ Mometasone Furoate 0.6mg Capsules
[ ] Levofloxacin 100mg/ Betamethasone 0.5mg/ Capsules

Single Medication: mark all that apply

[ ] Ceftazidine 650mg	[ ] Vancomycin 160mg	[ ] Tobramycin 125mg
[ ] Levofloxacin 100mg	[ ] Mupirocin 5mg	[ ] Ceftriazone 500mg
[ ] Acetylcysteine 200mg	[ ] Clarithromycin 125mg	[ ] Budesonide 0.6mg
[ ] Mometasone 0.6mg	[ ] Itraconazole 40mg	[ ] Amphotericin 5mg

Disp: _____ capsules (each capsules has Xylifos/ LoxaSperse) Refills: _____

Sig: Empty the contents of 1 capsules into nasal device UD and use UD, repeat BID for _____ days

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[ ] Custom Compound: _____

_____

Disp: _____ capsules Refills: _____

Sig: _____

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

_____ _____

Dispense as Written Substitution Permitted