



Patient Information

Patient Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		City:	State: Zip:
Phone:	Email:	Language:	
Allergies:			<input type="checkbox"/> NKDA
<input type="checkbox"/> Pick Up / Ship to: <input type="checkbox"/> Patient <input type="checkbox"/> Office <input type="checkbox"/> Alternative Address:			

Insurance: Please fax copy of insurance card (front and back)

Prescriber Information

Practice Name:		Office Contact:	
Prescriber:		NPI:	DEA:
Practice Address:		City:	State: Zip:
Phone Number:		Fax Number:	

Requested Irrigation Unit



NasoNeb Nasal Nebulizer: (15 – 25 μ particle size) (Dual Atomizing) Open one capsule into the chamber with normal saline which will be Atomized into both nostrils. Normally dosed BID for 30 days. Check Boxes Include Combination Sinus Medications in Separate Individual Dose Capsules & Saline Nebulas. (Please Check 1 Formulation Below)



Nasal Irrigation: NeilMed Sinus Kit x 2 (50 Packets Each), Mix 1 capsule with 1 packet of NeilMed in 8oz of distilled water. Irrigate nasally BID. **Kits DO NOT include distilled water.** (Please Check 1 Formulation Below)

Pediatric Nasal Irrigation

Compounded Prescription Information

Compound	Strength	Directions	Quantity	Refills
Single Medications Check box indicates sinus medication in capsule form and directions as marked, unless otherwise indicated at the bottom				
<input type="checkbox"/> Gentamicin	80 mg	Empty contents of capsule(s) into irrigation solution and irrigate nasally twice daily	60	
<input type="checkbox"/> Levofloxacin	125 mg			
<input type="checkbox"/> Tobramycin	80 mg			
<input type="checkbox"/> Vancomycin	200 mg			
<input type="checkbox"/> Betamethasone	<input type="checkbox"/> 0.5 mg <input type="checkbox"/> 0.6 mg			
<input type="checkbox"/> Budesonide	<input type="checkbox"/> 0.5 mg <input type="checkbox"/> 0.6 mg			
<input type="checkbox"/> Fluticasone Propionate	3 mg			

Combination Medications

Check box indicates sinus medication in capsule form and directions as marked, unless otherwise indicated at the bottom

<input type="checkbox"/> Clindamycin / Mupirocin	150 mg / 100 mg	Empty contents of capsule(s) into irrigation solution and irrigate nasally twice daily	60	
<input type="checkbox"/> Gentamicin / Budesonide	80 mg / 0.6 mg			
<input type="checkbox"/> Levofloxacin / Mupirocin / Fluticasone Propionate	125 mg / 100 mg / 3 mg			
<input type="checkbox"/> Tobramycin / Budesonide / Amphotericin B	100 mg / 0.5 mg / 5 mg			
<input type="checkbox"/> Vancomycin / Betamethasone / Tobramycin	200 mg / 0.5 mg / 125 mg			

Custom Formula

Check box indicates sinus medication in capsule form and directions as marked, unless otherwise indicated at the bottom

Antibiotics	Anti-Inflammatories/Mucolytics	Antifungals	Directions	QTY	Refills
<input type="checkbox"/> Azithromycin 70 mg <input type="checkbox"/> Clindamycin Phosphate 150 mg <input type="checkbox"/> Gentamicin 80 mg <input type="checkbox"/> Levofloxacin 125 mg <input type="checkbox"/> Mupirocin 100 mg <input type="checkbox"/> Tobramycin 80 mg <input type="checkbox"/> Vancomycin 200 mg	<input type="checkbox"/> Acetylcysteine 200 mg <input type="checkbox"/> Betamethasone 0.5 mg <input type="checkbox"/> Betamethasone 0.6 mg <input type="checkbox"/> Budesonide 0.5 mg <input type="checkbox"/> Budesonide 0.6 mg <input type="checkbox"/> Fluticasone Propionate 3 mg	<input type="checkbox"/> Amphotericin B 5 mg <input type="checkbox"/> Amphotericin B 10 mg <input type="checkbox"/> Fluconazole 50 mg <input type="checkbox"/> Itraconazole 50 mg	Empty contents of capsule(s) into irrigation solution and irrigate nasally twice daily	60	

Alternate Directions:

Prescriber Signature and Date (Please sign and date below)

Prescriber Signature _____ Date _____

"I authorize Curexa™ and its representatives to act as an agent to initiate and execute the insurance prior authorization process and receive forms on the prescriber's behalf. I certify that the above therapy is medically necessary and the above information is accurate to the best of my knowledge"

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