



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

Pick Up / Ship to: Patient Office 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:	

Clinical Information	
Diagnosis:	ICD-9:

Compounded Prescription Information				
Compound	Dose	Directions	Quantity	Refills
OtiOx™ Ear Poloxamer Gel in a 2 mL syringe				
<input type="checkbox"/> OtiOx™ Ear Gel 1: Enrofloxacin (2%), Ketoconazole (2%), Triamcinolone (0.5%), and Lidocaine (1%)	<input type="checkbox"/> 1.5 mL (large dog) <input type="checkbox"/> 1 mL (medium dog) <input type="checkbox"/> 0.5 mL (small dog)	Insert into affected ear for 1 dose (7 day treatment)		
<input type="checkbox"/> OtiOx™ Ear Gel 2: Gentamicin (0.3%), Betamethasone (0.12%), Clotrimazole (1%), and Lidocaine (1%)	<input type="checkbox"/> 1.5 mL (large dog) <input type="checkbox"/> 1 mL (medium dog) <input type="checkbox"/> 0.5 mL (small dog)	Insert into affected ear for 1 dose (7 day treatment)		
<input type="checkbox"/> OtiOx™ Ear Gel 3: Gentamicin (0.3%), Betamethasone (0.1%), Ketoconazole (2%), and Lidocaine (1%)	<input type="checkbox"/> 1.5 mL (large dog) <input type="checkbox"/> 1 mL (medium dog) <input type="checkbox"/> 0.5 mL (small dog)	Insert into affected ear for 1 dose (7 day treatment)		
<input type="checkbox"/> OtiOx™ Ear Gel 4: Amikacin (1%), Ketoconazole (2%), Triamcinolone (0.5%) and Lidocaine (1%)	<input type="checkbox"/> 1.5 mL (large dog) <input type="checkbox"/> 1 mL (medium dog) <input type="checkbox"/> 0.5 mL (small dog)	Insert into affected ear for 1 dose (7 day treatment)		
<input type="checkbox"/> Custom:	<input type="checkbox"/> 1.5 mL (large dog) <input type="checkbox"/> 1 mL (medium dog) <input type="checkbox"/> 0.5 mL (small dog)	Insert into affected ear for 1 dose (7 day treatment)		

Hot Spot Treatment Kit in Polyox Bandage				
<input type="checkbox"/> Hot Spot Kit 1: Hydrocortisone (1%) and diphenhydramine (3%)	<input type="checkbox"/> 5 grams <input type="checkbox"/> Other:	Apply as per directions contained in the Hot Spot Kit.		
<input type="checkbox"/> Hot Spot Kit 2: Hydrocortisone (1%), Lidocaine (2%), Diphenhydramine (3%), Tetracaine (0.5%)	<input type="checkbox"/> 5 grams <input type="checkbox"/> Other:	Apply as per directions contained in the Hot Spot Kit.		
<input type="checkbox"/> Hot Spot Kit 3: Gentamicin (0.1%), Hydrocortisone (1%), Lidocaine (2%), Tetracaine (0.5%) and Diphenhydramine (3%)	<input type="checkbox"/> 5 grams <input type="checkbox"/> Other:	Apply as per directions contained in the Hot Spot Kit.		
<input type="checkbox"/> Custom:	<input type="checkbox"/> 5 grams <input type="checkbox"/> Other:	Apply as per directions contained in the Hot Spot Kit.		

Prescriber Signature and Date (Please sign and date below)	
_____ Prescriber Signature "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"	_____ Date

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