

PATIENT INFORMATION	
Patient Name: _____	Patient SSN#: _____
Address: _____ <small style="text-align: center;">Address, City, State, Zip Code</small>	
Phone #: _____	2 nd Phone #: _____ Date of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Weight (lbs): _____ Height (in.): _____ Allergies: _____	
Primary Insurance: _____	Secondary Insurance: _____
ID#: _____ Phone #: _____	ID#: _____ Phone #: _____
FAX COPY OF INSURANCE CARD (FRONT & BACK)	

ANTIBIOTICS				
MEDICATION	STRENGTH	DIRECTIONS	QTY	REFILLS
<input type="checkbox"/> CIPROFLOXACIN XYLITOL/LOXASPERSE CAPS	100 mg	Open up capsule & place contents in Neilmed netipot or nasal nebulizing machine. Shake gently & irrigate each nostril with 1/2 of contents twice a day.		
<input type="checkbox"/> CLINDAMYCIN XYLITOL/LOXASPERSE CAPS	150 mg			
<input type="checkbox"/> GENTAMICIN XYLITOL/LOXASPERSE CAPS	100 mg			
<input type="checkbox"/> LEVOFLOXACIN XYLITOL/LOXASPERSE CAPS				
<input type="checkbox"/> VANCOMYCIN XYLITOL/LOXASPERSE CAPS				
<input type="checkbox"/> TOBRAMYCIN NEBULIZER SOLUTION	300 mg/5 mL	Open up vial/capsule & place contents in Neilmed netipot or nasal nebulizing machine. Shake gently & irrigate each nostril with 1/2 of contents twice a day.		
<input type="checkbox"/> TOBRAMYCIN XYLITOL/LOXASPERSE CAPS	100 mg			
<input type="checkbox"/> TOBRAMYCIN/ FLUTICASONE CAPSULES	100 mg/1 mg			
<input type="checkbox"/> TOBRAMYCIN/ ACETYLCYSTEINE	100 mg/20 mg			

ANTIFUNGALS				
<input type="checkbox"/> FLUCONAZOLE XYLITOL/LOXASPERSE CAPS	100 mg	Open up capsule & place contents in Neilmed netipot or nasal nebulizing machine. Shake gently & irrigate each nostril with 1/2 of contents twice a day.		
<input type="checkbox"/> ITRACONAZOLE CAPSULES				

ANTI-INFLAMMATORY				
<input type="checkbox"/> BETAMETHASONE XYLITOL/LOXASPERSE CAPS	0.75 mg	Open up capsule & place contents in Neilmed netipot or nasal nebulizing machine. Shake gently & irrigate each nostril with 1/2 of contents twice a day.		
<input type="checkbox"/> BUDESONIDE XYLITOL/LOXASPERSE CAPS	0.5/2 mL			

MISCELLANEOUS				
<input type="checkbox"/> ACETYLCYSTEINE XYLITOL/LOXASPERSE CAPS	20 mL	Open up capsule & place contents in Neilmed netipot or nasal nebulizing machine Shake gently & irrigate each nostril with 1/2 of contents twice a day.		

Ship to: Physician's Office Patient's Home

PHYSICIAN INFORMATION	
Physician Name: _____	Contact: _____ NPI#: _____
Address: _____ <small style="text-align: center;">Address, City, State, Zip Code</small>	
Phone #: _____	Fax#: _____ Email: _____

Physician's Signature: _____ Date: _____ Dispense As Written

**I AUTHORIZE DELTA DRUGS AND ITS REPRESENTATIVES TO ACT AS AN AGENT TO INITIATE AND EXECUTE THE INSURANCE PRIOR AUTHORIZATION PROCESS.
I ALSO UNDERSTAND THAT THE FDA DOES NOT REVIEW ANY COMPOUNDED MEDICATION FOR SAFETY OR EFFICACY.**