Patient Name:	**Date of Birth:**			
Patient Address:	**Phone:**	**Allergies:**		
Compounded Medication	**How Often**	**Duration (in Days)**	**Quantity**	**Refills**
Azithromycin 500mg in 250ml NS	Once per day			
Bicillin LA ☐ 1.2 Million Units ☐ 2.4 Million Units	_____ Times per Week **Intramuscularly (IM)**			
Ceftriaxone ☐ 1gm ☐ 2gm ☐ 3gm ☐ 4gm	☐ QD ☐ BID ☐ 4/7 Days ☐ 5/7 Days			
Ceftriaxone (IM) ☐ 1gm ☐ 2gm in 1% Lidocaine	☐ QD or _____ x per week			
Claforan IV ☐ 1gm ☐ 2gm ☐ 3gm	☐ BID ☐ TID			
Clindamycin IV 900mg or _____mg	☐ BID ☐ TID			
DMSA Capsules ☐ 100mg ☐ 250mg ☐ 500mg	Every 3rd night or _____			
Doxycycline IV ☐ 100mg ☐ 200mg ☐ 300mg ☐ 400mg	☐ QD ☐ BID			
Cryptolepis Sangunolenta ☐ Elixir ☐ Aqueous	5ml PO three times per day	30 days	450ml	
Glutathione (GSH) Suppositories ☐ 1gm ☐ 500mg	_____x per week			
Glutathione (GSH) IV ☐ 1gm ☐ 2gm ☐ or _____mg ☐ or _____mg **(IM)**	☐ 3x/week ☐ 2x/week ☐ QD ☐ _____x per week			
Metronidazole IV (Flagyl) 500mg	☐ QD ☐ BID ☐ TID ☐ ___x/wk			
Levaquin IV (Levofloxacin) ☐ 500mg ☐ 750mg	Once per day			
Low Dose Naltrexone (LDN) ☐ 1mg ☐ 2mg ☐ 3mg ☐ 4mg ☐ 4.5mg ☐ _____mg	☐ Once per day at bedtime ☐ Every other day at bedtime			
Methylcobalamin ☐ 1mg ☐ 2mg ☐ 5mg ☐ 10mg ☐ 20mg ☐ 25mg ☐ **SUB-Q** or ☐ **IM**	☐ Once per day ☐ _____ x per week			
Merrem IV (Meropenem) 1gm	☐ BID ☐ TID			
Rifampin IV ☐ 300mg ☐ 600mg **(call for availability)**	☐ QD ☐ BID			
Tygacil (Tigicycline) ☐ 50mg	☐ QD ☐ BID			
Vancomycin IV _____mg	☐ QD ☐ BID ☐ q____ hours			
Gentamycin/Bactroban/EDTA/Diflucan/Cipro Nasal (MARCoNS Spray) (0.1%/0.2%/0.1%/0.2%) ☐	2 sprays each nostril TID	14 Days	20ml	
BEG (Bactroban,EDTA,Gentamycin) Nasal Spray (0.2%/1%/1%) ☐	2 sprays each nostril TID	14 Days	20ml	
DMSO/Ketoprofen/Emu Oil/Mag Topical Cream (20%/20%/5%/5%) ☐	Apply to affected area TID	30 Days	30gm	
Practitioner Signature: **Date:** **Please Print Name:**	**Prescriber** **Phone #** **Fax #**	Fax To:		