

# COMPOUNDING SHOP PHARMACY

Established 1982

11845 Wilcrest Dr, Houston, TX 77031  
 Phone: 281-495-2230, Fax: 281-495-2232

Visit our website: [mycompoundingshop.com](http://mycompoundingshop.com)

Patient Information					
Patient:				Gender: <b>Male / Female</b>	
DOB:	Phone:	Cell:	Last 4 digits of patient's SSN:		
Address:		City:	State:	Zip:	
Allergies:		Diagnosis Code:		SRI:	
PLEASE FAX: Rx, COPY OF INSURANCE CARD & DEMOGRAPHICS			We <u>DO NOT</u> Take Medicaid. Some Medicare Coverage May Be Limited		

## ENT- For Chronic Sinusitis, Rhinitis, & Allergies

(Three Times a Day)

(15 or 30 Day Supply)

(Please Indicate on Bottom)

<input type="checkbox"/>	Amphotericin 10mg (c178)	<input type="checkbox"/>	Levocetirizine 2mg / Fluticasone 3mg (c192)
<input type="checkbox"/>	Clindamycin 50mg (c179)	<input type="checkbox"/>	Levofloxacin 125mg / Mupirocin 100mg / Fluticasone 3mg / Itraconazole 50mg (c193)
<input type="checkbox"/>	Colistimethate 150mg (c180)	<input type="checkbox"/>	Levofloxacin 125mg / Fluticasone 3mg / Itraconazole 50mg (c194)
<input type="checkbox"/>	Levofloxacin 125mg (c181)	<input type="checkbox"/>	Levofloxacin 125mg / Fluticasone 3mg /Amphotericin 10mg (c195)
<input type="checkbox"/>	Tobramycin 160mg (c182)	<input type="checkbox"/>	Montelukast 3mg / Levocetirizine 2mg / Fluticasone 3mg (c196)
<input type="checkbox"/>	Metronidazole 50mg (c183)	<input type="checkbox"/>	Mupirocin 100mg / Fluticasone 3mg / Itraconazole 50mg (c197)
<input type="checkbox"/>	Mupirocin 200mg (c184)	<input type="checkbox"/>	Mupirocin 100mg / Fluticasone 3mg / Amphotericin 10mg (c198)
<input type="checkbox"/>	Fluconazole 15mg (c185)	<input type="checkbox"/>	Tobramycin 160mg / Fluticasone 3mg / Itraconazole 50mg (c199)
<input type="checkbox"/>	Betamethasone 0.5mg (c186)	<input type="checkbox"/>	Tobramycin 160mg / Fluticasone 3mg / Amphotericin 10mg (c200)
<input type="checkbox"/>	Itraconazole 50mg (c187)	<input type="checkbox"/>	Tobramycin 160mg / Mupirocin 200mg (c201)
<input type="checkbox"/>	Fluticasone 3mg (c188)	<input type="checkbox"/>	Vancomycin 50mg / Fluticasone 3mg / Itraconazole 50mg (c202)
<input type="checkbox"/>	Theophylline 1mg (txt. Loss of Smell) (c189)	<input type="checkbox"/>	Vancomycin 50mg / Fluticasone 3mg / Amphotericin 10mg (c203)
<input type="checkbox"/>	Amphotericin 10mg / Fluticasone 3mg (c190)	<input type="checkbox"/>	Fluticasone Propionate 3mg / Loratadine 2mg (c204)
<input type="checkbox"/>	Itraconazole 50mg / Fluticasone 3mg (c191)	<b>**Medications Can Be Formulated To Your Preference**</b>	

Other Quantity:	Sig & Comments:		
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Refills:	<input type="checkbox"/>	<b>Nebulizer &amp; Supplies Needed</b>
Physicians Signature:		

## Provider Information

Prescriber:			Date:		
Person Faxing Form:		Phone:	Fax:		
DEA #:	NPI #:	State License #:	DPS#:		
Address:		City:	State:	Zip:	