



Date: _____ Patient Name: _____
 DOB: _____ Address: _____
 City: _____ State: _____ Phone: _____
 Call When Ready Text Message When Ready Delivery Mail Out

Otic Gel Common Combinations

- Piperacillin 10%/Tazobactam 1.25%
Poloxamer Otic Gel
- Piperacillin 10%/Tazobactam
1.25%/Tetracycline 2%/Ketoconazole 2%
Poloxamer Otic Gel
- Enrofloxacin 2%/Ketoconazole 2%/
Triamcinolone 0.5% Poloxamer Otic Gel
- Ciprofloxacin 2%/Ketoconazole 2%/
Triamcinolone 0.1% Poloxamer Otic Gel
- Mupirocin 1%/Ketoconazole 1%/
Triamcinolone 0.1% Poloxamer Otic Gel

Sig: Place 1-3 ml in affected ear(s) canal every 5-7 days. Store in fridge until immediately before use.
 [Packaged in 3ml syringes.] # Doses _____

Customize in Other Otic Gel Combinations

Anti-Bacterials:

- Piperacillin _____%
- Tazobactam _____%
- Enrofloxacin _____%
- Chloramphenicol _____%
- Ciprofloxacin _____%
- Gentamicin _____%
- Mupirocin _____%

Anti-Fungals:

- Ketoconazole _____%
- Itraconazole _____%
- Miconazole _____%

Steroids:

- Triamcinolone _____%
- Betamethasone Dip. _____%

Sig: Place 1-3 ml in affected ear(s) canal every 5-7 days. Store in fridge until immediately before use.
 [Packaged in 3ml syringes.] # Doses _____

 Veterinary Healthcare Provider Signature:
 Print Name: _____
 NPI: _____

Refills: 1 2 3 4 5 PRN

Agent sending: _____
 DEA: _____

Veterinary Clinic: _____
 Address: _____
 Phone: _____

