



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

**Williams Solution**

(Minocycline 0.1% / Hydrocortisone 0.05% / Nystatin 5,000Un/ml / Diphenhydramine 0.125%)

Sig: Swish and spit 5ml by mouth four times daily for 10 days OR \_\_\_\_\_

Qty: 200 ml OR \_\_\_\_\_

**Williams Solution with Lidocaine**

(Minocycline 0.1% / Hydrocortisone 0.05% / Nystatin 5,000Un/ml / Diphenhydramine 0.125% / Lidocaine 0.1%)

Sig: Swish and spit 5ml by mouth four times daily for 10 days OR \_\_\_\_\_

Qty: 200 ml OR \_\_\_\_\_

**Combo Nasal Irrigations:**

**Gentamicin 19.2mg (Wilson's Solution)**

**Tobramycin 100mg/ Vancomycin 200mg/Betamethasone 0.5mg**

**Tobramycin 100g/Betamethasone 0.5mg**

**Vancomycin 200mg/Betamethasone 0.5mg**

**Levofloxacin 100mg/Betamethasone 0.5mg**

**Tobramycin 100mg/Itraconazole 40mg/Budesonide 0.6mg**

**Vancomycin 200mg/Itraconazole 40mg/Betamethasone 0.5mg**

**Levofloxacin 100mg/Itraconazole 40mg/Betamethasone 0.5mg**

Sig: Dissolve one saline packet in 240ml of distilled water, then add contents of one capsule, shake well to dissolve, then irrigate both nostrils with 120ml twice daily for 30 days OR \_\_\_\_\_

Qty:  30 caps     60 caps     Other \_\_\_\_\_

**Local Anesthetic:**

**Tetracaine HCl 0.5% Lollipop** (Cotton Candy Flavor)

Qty: #1 Lollipop

Sig: Suck on the lollipop for 10-15 seconds, then stop, and swallow saliva.

**Customized Nasal Irrigations:**

**Tobramycin 100mg**

**Levofloxacin 100mg**

**Clindamycin 150mg**

**Ceftriaxone 200mg**

**Mupirocin 15mg**

**Budesonide 0.6mg**

**Fluconazole 40mg**

**Amphotericin B 5mg**

**Vancomycin 200mg**

**Azithromycin 70mg**

**Cefuroxime 300mg**

**Ceftazidime 600mg**

**Betamethasone 0.5mg**

**Acetylcysteine 200mg**

**Itraconazole 40mg**

**Other** \_\_\_\_\_

Sig: Dissolve one saline packet in 240ml of distilled water, then add contents of one capsule, shake well to dissolve, then irrigate right or left or both nostrils with 120ml twice daily for 30 days OR \_\_\_\_\_

Qty:  30     60     Other \_\_\_\_\_

**OTIC: Sheey-House Powder Insufflator:**

**Boric Acid 96%/Hydrocortisone 4% Capsule**

**Boric Acid 93.5%/Hydrocortisone 4%/Mupirocin 2.5% Capsule**

**Boric Acid 38mg/Ciprofloxacin 55mg/ Clotrimazole 36mg/Dexamethasone 3mg Capsule**

Sig: \_\_\_\_\_

Qty:  10g     Other \_\_\_\_\_

**OTIC: DeVilbiss Powder Insufflator:**

**Boric Acid 96%/Hydrocortisone 4% Powder**

**Boric Acid 13.5%/Ciprofloxacin 53.7%/Clotrimazole 30.3%/Dexamethasone 2.5% Powder**

Sig: \_\_\_\_\_

Qty:  7.5g     Other \_\_\_\_\_

**Refills: 1 2 3 4 5 PRN**

\_\_\_\_\_  
**Healthcare Provider Signature:**

**Print Name:** \_\_\_\_\_ **Agent sending:** \_\_\_\_\_

**NPI:** \_\_\_\_\_ **DEA:** \_\_\_\_\_

**Clinic Name:** \_\_\_\_\_  
**Clinic Address:** \_\_\_\_\_  
**Clinic Phone/Fax:** \_\_\_\_\_

