



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

WOUND COMPOUNDS

(Choose any individual or combination of active ingredients)

Antibiotics

- Ciprofloxacin 0.3-1%
- Clindamycin 0.3-1%
- Doxycycline 0.3-1%
- Minocycline 0.3-1%
- Rifampin
- Amphotericin 0.5-3%
- Vancomycin 0.3-0.5%
- Gentamicin 0.3-0.5%
- Tobramycin 0.3-0.5%
- Mupirocin 0.2%

Anti-fungals

- Metronidazole 2%
- Fluconazole 2%
- Itraconazole 2%
- Ketoconazole 2%
- Nystatin 100,000 U/G

Comfort

- Lidocaine 2-5%
- Morphine 0.1-10% (start 10mg per dose)

Circulation

- Nifedipine 2-8% (max 160mg per day)
- Phenytoin 5%
- Misoprostol 0.0024%
- Pentoxifylline 2%

Dosage Form

(Choose a base for the active ingredients)

- Emollient Cream** (water based cream)
- Poloxamer Gel** Administered cold as a liquid then solidifies to a gel at room temperature. Removed by flushing with cold water. Can be made sterile and preservative free if desired.
- Polyox Bandage** Powders delivered in accordion-style insufflator. Powders adhere to weeping wounds or moist areas.
- Spray** Only available for water soluble drugs.

Sig: _____

Location of wound _____ Approximate wound size _____ and depth _____

Frequency of applications/dressing changes _____ Length of treatment to dispense _____

Refills: 1 2 3 4 5 PRN

Physician Signature: _____

Print Name: _____ Agent sending: _____

NPI: _____ DEA: _____

Clinic Name: _____
 Clinic Address: _____
 Clinic Phone/Fax: _____

