



FAX Cover Sheet

From: _____

Date: _____

Fax #: _____

Phone #: _____

To: Mixtures Pharmacy

Fax: 480-706-0489

Ahwatukee (Phone: 480-706-0620)

Gilbert (Phone: 480-300-5279)

Scottsdale (Phone: 480-400-0649)

Subject: New Rx

Pages: (including the cover sheet) # _____

Comments:

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Patient Name: _____ DOB: ____/____/____
 Address: _____ City _____ State _____ Zip _____
 Phone: (____) _____ - _____ Allergies: _____

	Medication/Dose (<input type="checkbox"/> Check box(es) of ingredients desired and quantity)	Directions												
Base	<input type="checkbox"/> Diphenhydramine (12.5mg/ml) (B) _____ ml <input type="checkbox"/> Lidocaine (2%) Viscous (L) _____ ml <input type="checkbox"/> Antacid (A) (Al/Mg) _____ ml <input type="checkbox"/> Nystatin (100mu/ml) Suspension (N) _____ ml OR <input type="checkbox"/> Kaopectate (K) _____ ml	<input type="checkbox"/> Swish and spit 5-10ml 4 times daily as needed for pain. <input type="checkbox"/> Swish, gargle and spit 15ml up to 3 times daily as needed <input type="checkbox"/>												
Steroid	<input type="checkbox"/> Dexamethasone (DMS) _____ ml (0.5mg/5ml) <input type="checkbox"/> Prednisolone (PRDO) _____ ml (15mg/5ml) <u><i>*Total mg for final volume*</i></u> <input type="checkbox"/> Hydrocortisone (HC) _____ mg <input type="checkbox"/> Prednisone (PRD) _____ mg <input type="checkbox"/> Triamcinolone (TAC) _____ mg	<input type="checkbox"/>												
Antibiotic / Antiviral	<u><i>*Total mg for final volume*</i></u> <input type="checkbox"/> Acyclovir (ACV) _____ mg <input type="checkbox"/> Amoxicillin (AMOX) _____ mg <input type="checkbox"/> Cephalexin (CEPH) _____ mg <input type="checkbox"/> Doxycycline (DOX) _____ mg <input type="checkbox"/> Erythromycin (EES) _____ mg <input type="checkbox"/> Minocycline (MCN) _____ mg <input type="checkbox"/> Tetracycline (TCN) _____ mg	<table border="1"> <thead> <tr> <th>Supply</th> <th>Refills</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 120ml</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 150ml</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 240ml</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 480ml</td> <td></td> </tr> <tr> <td><input type="checkbox"/> _____ml</td> <td></td> </tr> </tbody> </table>	Supply	Refills	<input type="checkbox"/> 120ml		<input type="checkbox"/> 150ml		<input type="checkbox"/> 240ml		<input type="checkbox"/> 480ml		<input type="checkbox"/> _____ml	
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<input type="checkbox"/> _____ml														
Misc	<input type="checkbox"/> Hydroxyzine (HDZ) HCl _____ mg/_____ ml <input type="checkbox"/> Hyoscyamine (HYSC) _____ mg/_____ ml <input type="checkbox"/> _____ mg/_____ ml <input type="checkbox"/> _____ mg/_____ ml													

Medication/Dose	Directions												
<input type="checkbox"/> B/L/A (Diphenhydramine/Lidocaine/Antacid) Suspension <input type="checkbox"/> 1:1:1 <input type="checkbox"/> 1:1:2 <input type="checkbox"/> 1:1:3 <input type="checkbox"/> 1:2:3 <input type="checkbox"/> __:__:__	<input type="checkbox"/> Swish and spit 5-10ml 4 times daily as needed for pain. <input type="checkbox"/> Swish, gargle and spit 15ml up to 3 times daily as needed <input type="checkbox"/>												
<input type="checkbox"/> B/L/A/N (1:1:1:1) <input type="checkbox"/> B/L/A/N/DMS (1:1:1:1) <input type="checkbox"/> B/L/A/N/PRDO/H2O (1:1:1:1:1:1)	<input type="checkbox"/>												
<input type="checkbox"/> B/L/N/DMS (1:1:1:1) <input type="checkbox"/> B/L/N/DMS/TCN (150/150/20ml/40mg/1.5gm = 320ml) <input type="checkbox"/> B/N/HC (7:1:2) <input type="checkbox"/> B/L/N/HC/DOX (20/150/20ml/100mg/2gm = 190ml) <input type="checkbox"/> B/N/HC/DOX (500mg/5mu/60/250mg = 250ml)	<table border="1"> <thead> <tr> <th>Supply</th> <th>Refills</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> 120ml</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 150ml</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 240ml</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 480ml</td> <td></td> </tr> <tr> <td><input type="checkbox"/> _____ml</td> <td></td> </tr> </tbody> </table>	Supply	Refills	<input type="checkbox"/> 120ml		<input type="checkbox"/> 150ml		<input type="checkbox"/> 240ml		<input type="checkbox"/> 480ml		<input type="checkbox"/> _____ml	
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<input type="checkbox"/> 240ml													
<input type="checkbox"/> 480ml													
<input type="checkbox"/> _____ml													
<input type="checkbox"/> B/DMS/AMOX (Kools) (50ml/50ml/2.5gm = 150ml)													
<input type="checkbox"/> L/A (1:1) <input type="checkbox"/> N/DMS/TCN (100/100ml/500mg = 200ml)													

Signature (substitution permissible)	Printed Name	NPI#	Office Phone #	Date
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Abbreviations

A	Aluminum/Magnesium Antacid
ACV	Acyclovir
AMOX	Amoxicillin
B	Benadryl/Diphenhydramine
CEPH	Cephalexin
DMS	Dexamethasone
DOX	Doxycycline
EES	Erythromycin Ethyl Succinate
H2O	Water
HC	Hydrocortisone
HDZ	Hydroxyzine
HYSC	Hyoscyamine
K	Kaopectate (alternative for A)
L	Lidocaine 2% Viscous Solution
MCN	Minocycline
N	Nystatin 100MU/ml
PRD	Prednisone
PRDO	PrednisOLONE
TAC	Triamcinolone
TCN	Tetracycline