



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	Directions [For ease of application, dose will be concentrated into ½ gram of cream]	Supply	Refills
MOM	APNO (All Purpose Nipple Ointment) (Mupirocin 1%/Betamethasone 0.05%/Miconazole 2%)	Apply sparingly after each feeding. Do not wash or wipe off.	30gm	
	Fluticasone 1%/Levocetirizine 2% in Pracasil Plus.	Apply an even layer of gel to closed scar and gently massage the gel into the scar twice daily.	15gm	
	Progesterone Suppositories _____ mg/suppository (typical dose = 50-200mg)	Insert 1 suppository pv <input type="checkbox"/> at bedtime <input type="checkbox"/> bid	<input type="checkbox"/> 30 suppository <input type="checkbox"/> 60 suppository	
	<input type="checkbox"/> Nitroglycerin 0.2% cream (may add) <input type="checkbox"/> Lidocaine 1% <input type="checkbox"/> Lidocaine 2% Or <input type="checkbox"/> Nifedipine 0.3% cream (may add) <input type="checkbox"/> Lidocaine 1% <input type="checkbox"/> Lidocaine 2% Or <input type="checkbox"/> Diltiazem <input type="checkbox"/> 2% <input type="checkbox"/> 3% (may add) <input type="checkbox"/> Lidocaine 1% <input type="checkbox"/> Lidocaine 2%	Apply a pea sized amount as needed to anal fissure <input type="checkbox"/> once a day <input type="checkbox"/> twice a day <input type="checkbox"/> three times a day	<input type="checkbox"/> 15gm <input type="checkbox"/> 30gm	
	Oxytocin 20IU Troche	Dissolve 1 troche sublingually before each feeding	<input type="checkbox"/> 15 troche <input type="checkbox"/> 30 troche	

	Medication/Dose	Directions [May write alternate sig]	Supply	Refills
BABY	Cholestyramine in Aquaphor <input type="checkbox"/> 5% <input type="checkbox"/> 10%	Apply to diaper rash area after each diaper change until rash clear	<input type="checkbox"/> 60gm <input type="checkbox"/> 120gm	
	Lansoprazole _____ mg/dose	Give dose orally <input type="checkbox"/> qd <input type="checkbox"/> bid	QS: <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days	
	Omeprazole _____ mg/dose	Give dose orally <input type="checkbox"/> qd <input type="checkbox"/> bid	QS: <input type="checkbox"/> 30 days <input type="checkbox"/> 60 days	

Formulary: These strengths/quantities only, flavor is standard. If flavor preference other than standard, not on formulary

Cholestyramine in Aquaphor 10%	Apply to diaper rash area after each diaper change until rash clear	120gm	
Lansoprazole 15mg/ml Suspension	Give _____ ml orally <input type="checkbox"/> qd <input type="checkbox"/> bid	<input type="checkbox"/> 30ml <input type="checkbox"/> 60ml	

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