Guest Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex M or F

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Not Pregnant/Breastfeeding

\_\_\_\_\_ Not taking warfarin/Coumadin

\_\_\_\_\_ No vaccines within the last month (other than the flu or COVID vaccine)

COMPOUNDED IVERMECTIN IS AVAILABLE IN IR CAPSULES,

OF 3 MG INCREMENTS (STARTING AT 3MG)

PROPHYLAXIS DOSING

**Compounded Ivermectin IR cap (Compounded medication BHA free and corn free will produce a significant difference for the patient)**

|  |  |  |  |
| --- | --- | --- | --- |
| Compounded Ivermectin IR capsule | SIG | QTY | REFILLS |
| \_\_\_\_\_\_\_ mg  | Take \_\_\_\_ capsule(s) PO twice weekly |  |  |

SYMPTOMATIC DOSING

**Compounded Ivermectin IR cap (Compounded medication BHA free and corn free will produce a significant difference for the patient)**

|  |  |  |  |
| --- | --- | --- | --- |
| Compounded Ivermectin IR capsule | SIG | QTY | REFILLS |
| \_\_\_\_\_\_\_ mg  | Take \_\_\_\_ capsule(s) daily PO for \_\_\_\_ days, then take \_\_\_\_ capsule(s) twice weekly |  |  |

Prescriber Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Prescriber Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Written \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NPI # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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