**COMPOUNDED PREPARATIONS FOR CANDIDIASIS**

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

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

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

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| --- | --- | --- | --- | --- |
| **MEDICATION** | **DOSAGE FORM** | **DIRECTIONS** | **QUANTITY** | **REFILLS** |
| **Nystatin** 500,000 IU/cap  (sugar free, dye free, paraben free)\*  \*Note: Commercially available Nystatin contains sugar | Capsules\* | **Circle one:**  **1 month regimen:**  Take 1 cap PO TID with meals x 2 weeks, then take 2 caps PO TID with meals x 2 weeks  **2-month regimen:**  Take 1 cap PO TID with meals x 2 weeks, then take 2 caps PO TID with meals thereafter  **3-month regimen:**  Take 1 cap PO TID with meals x 2 weeks, then take 2 caps PO TID with meals thereafter | #126  #180  #180 | 0 RF  1 RF  2 RF |
| **Nystatin** 100,000 IU/mL  (sugar free, dye free, paraben free) | Suspension\*\* | Swish and swallow 5mL  (1 teaspoon)  four times daily | **Circle one:**  450 mL  600 mL |  |
| **Fluconazole** 100 mg  (not compounded) | Tablet | Take 1 tablet PO QD for 7 days after one month of Nystatin | 7 |  |
| **Antifungal Nail Solution**  (Itraconazole 0.05%, Terbinafine 0.15%, Tea Tree 0.33%, Urea 0.33%) | Nail Solution | Apply using brush applicator to top surface of the nails and under nail edges twice daily or as directed | 15 ml |  |

**Clinical Reason for Use: \*** Hypoallergenic formulation; dye and sugar-free / \*\* Patient needs paraben-free and saccharin-free formulation

**Physician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Written \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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