**Compounded Rxs for MCAS**

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

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

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

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| --- | --- | --- | --- | --- | --- |
| **MEDICATION** | **STRENGTH** | **DOSAGE FORM** | **DIRECTIONS** | **QTY** | **REFILLS** |
| Loratadine | 13.5 mg | Veggie Cap | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Diphenhydramine **SR**  (lactose free)\* | 60 mg | Veggie Cap | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Brompheniramine **SR** | 7 mg | Veggie Cap | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| ­­­­Chlorpheniramine **SR** | 10 mg | Veggie Cap | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Hydroxyzine  (corn/lactose free) | 10 mg | Capsule | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Hydroxyzine **SR**  (corn/lactose free) | 60 mg | Capsule | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Ketotifen  (lactose free) | **Circle one:**  0.5 mg  1 mg | Capsule | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Famotidine | 18 mg | Veggie  Capsule | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Progesterone SR\*\* | \_­­\_\_\_\_ mg | Capsule | Take \_\_\_ cap(s) PO \_\_\_\_\_\_\_\_\_\_\_ |  |  |
| KPV | **Circle one:**  0.25 mg  0.5 mg | Capsule | Take \_\_\_ capsule(s) by mouth \_\_\_\_\_\_ daily on an empty stomach |  |  |
| Phys Pref Repair  (BPC-157) | **Circle one:**  0.5 mg  1 mg | Capsule | Take \_\_\_ capsule(s) by mouth \_\_\_\_\_\_ daily on an empty stomach |  |  |
| Salicylic Acid  (Burning Mouth Syndrome) | 0.3% | Mouthwash | Gently rinse 5ml daily in mouth for 1-2 minutes then spit out, once to twice daily as directed | **Circle one:**  150 ml  300 ml |  |
| Low Dose  Naltrexone (LDN) | \_\_\_\_\_ mg | Capsule | **Initial Titration Dose:**  Take 1 cap PO QD for \_\_\_ days, increase by 1 cap every \_\_\_ days until \_\_\_ caps are reached |  |  |
| Low Dose  Naltrexone (LDN) | \_\_\_\_\_ mg | Capsule | **Maintenance Dose:**  Take 1 cap PO QD |  |  |
| Mupirocin/  Itraconazole/  EDTA | 0.2%/  0.08%/  0.5% | Nasal Spray | Use 1-2 sprays in each nostril daily as directed (alternate nostrils) | 16 ml |  |
| **BEG-I:**  Mupirocin/  EDTA/  **Gentamicin**/  Itraconazole | 0.2%/  0.5%/  **0.5%**/  1% | Nasal Spray | Use 1 spray in each nostril 3 times daily as directed (alternate nostrils) | 24 ml |  |
| Sirolimus | 5 mg | Capsule | Take 1 cap PO once weekly |  |  |
| Cromolyn | 200 mg | Capsule | Take 1 cap PO 30 mins prior to each meal and before bedtime |  |  |

**Clinical Reason for Use:** \* Decrease side effects; Patient needs higher dose than available / \*\* Better symptom control; decrease side effects

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

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

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

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