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Compounded Formulas for Sinusitis Rx Template

Patient's Name:		DOB:		
Patient's Address:	City:	State	, Zip:	
Patient's Phone:	Drug Allergie	es:		
Encapsulated Powders for No. The following commonly requested for sule contains one dose. The patient of a designated amount of saline or ste	ormulas are utilized in a nas opens the capsule and mixe	es the contents of th	e capsule with	
Proprietary Excipient Bases f All of the formulas below contain bot ient bases. Both proprietary ingredie bility of active pharmaceutical ingred	h LoxaSperse™ and Xylifo nts reduce particle size and	improve dispersibil	•	
Formulation Selection (choose			ention)	
Levofloxacin 100mg-Mome			auon)	
Tobramycin 125mg-Budeso	onide 0.6mg Capsules (for	Nebulization)		
Tobramycin 125mg-Budeso	onide 0.6mg-Amphotericir	n B 5mg Capsules (for Neb.)	
Tobramycin 125mg-Betame	ethasone 0.5mg-Amphote	ricin B 5mg Capsu	les (for Neb.)	
Tobramycin 100mg-Vancor	nycin 200mg-Betamethas	one 0.5mg Capsule	es (for Neb.)	
Vancomycin 200mg-Betam	ethasone 0.5mg Capsules	(for Nebulization)		
Vancomycin 200mg-Betam	ethasone 0.5mg-Amphote	ericin B 5mgCapsu	les (for Neb.)	
Quantity Selection (choose a di			g box) aps	
Directions for Use (Choose pre-	worded directions below or ma	anually enter direction	ns for use)	
Mix the contents of one ca		Refills?	Refilltime(s	
			i 140 i tollilo	
escriber's Street Address:		State:_		
escriber's Phone Number:	Name of pe	Name of person submitting order:		

Fax completed forms to (503)-624-0591 or email them to info@northwestcompounders.com