



678 WYCKOFF AVE
 WYCKOFF NJ 07481
 P 201 891 3334
 F 201 891 1312

NASAL SPRAY FIXED

PATIENT INFORMATION			
FIRST NAME:		LAST NAME:	
PRIMARY PHONE #:	<input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK	SECONDARY PHONE #:	<input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES:	

NASAL SPRAY

- Ampho B 0.06% Quantity _____
SIG: Instill 1 Spray Each Nostrils _____ Daily

- BEG Quantity _____
SIG: Instill 1 Spray Alternating Nostrils _____ Daily

- BEGI Quantity _____
SIG: Instill 1 Spray Alternating Nostrils _____ Daily

- EDTA / Itraconazole in Colloidal Silver Quantity _____
SIG: Instill 1 Spray Alternating Nostrils _____ Daily

- EDTA in Colloidal Silver Quantity _____
SIG: Instill 1 Spray Alternating Nostrils _____ Daily

- Fluconazole 0.75% Quantity _____
SIG: Instill 1 Spray Each Nostrils _____ Daily

- Glutathione 6% Quantity _____
SIG: Instill 1 Spray Each Nostrils _____ Daily

- Nystatin 50,000u/Spray Quantity _____
SIG: Instill 1 Spray Each Nostrils _____ Daily

Refills: 1 2 3 4 5 6 PRN NR SIG: _____

WRITE PRESCRIPTION / ADDITIONAL COMMENTS

DOCTOR	PHONE	NPI #	DEA #
OFFICE MANAGER	PHONE	OFFICE FAX	OFFICE Email
SIGNATURE		DATE (Month / Day / Year)	<p style="font-size: 1.2em; margin: 0;">FAX TO 201-891-1312</p> <p style="margin: 0;">email to: orders@yourlifefx.com</p>
		_____/_____/_____	