

NEW PRESCRIPTION

FAX ORDERS: 800-977-9255

VERBAL ORDERS / CLARIFICATIONS: 866-239-3784

Patient: _____ DOB: _____

Member ID & Group #: _____ Phone #: _____

Address: _____

DIAGNOSIS:

COPD (J44.9) Asthma (J45.909) Chronic Bronchitis (J42) Emphysema (J43.9)

Other: _____

ALLERGIES: NKA or _____

COMPOUNDED NEBULIZER SOLUTIONS:

One vial via inhalation

Formoterol 12mcg/Glycopyrrolate 37.5mcg, 2mL SIG: BID STOP: Stiolto, Anoro, Bevespi, or _____

Formoterol 12mcg/Budesonide 0.5mg/
Glycopyrrolate 37.5mcg, 3.5ml SIG: BID STOP: Trelegy, Breztri, or _____

Glycopyrrolate 75mcg, 2ml SIG: Q DAY STOP: Spiriva, Incruse, Tudorza, Seebri, or _____

Formoterol 12mcg/Budesonide 0.5mg, 3.5ml SIG: BID STOP: Advair, Breo, Dulera, Symbicort, or _____

Budesonide 0.4mg, 3ml SIG: BID STOP: Qvar, Flovent, Pulmicort, or _____

Albuterol 2.5mg/Ipratropium 0.75mg, 2mL SIG: QID TID BID Q4H Q6H PRN

Albuterol 3.75 mg/Ipratropium 0.75mg, 3mL SIG: QID TID BID XXX Q6H PRN

Albuterol 1.25 mg/Ipratropium 0.5mg, 2mL SIG: QID TID BID Q4H Q6H PRN

Albuterol 2.5mg/Budesonide 0.5mg, 3mL SIG: XXX XXX BID XXX XXX PRN

EQUIPMENT AND SUPPLIES:

SmartNeb, vibrating mesh nebulizer, masks, mouthpiece SIG: Use as Directed, replace as needed

SmartNeb, atomizing cup SIG: Use as Directed, replace Q3 months

SmartNeb, masks, mouthpiece SIG: Use as Directed, replace as needed

SmartCap SIG: Use as Directed

Compressor, nebulizer kits, mask, filters SIG: Use as Directed, replace as needed

QUANTITY:

Initial quantity 30-day supply, subsequent refills dispense 90-day supply and refills available for 1 year, unless otherwise noted.

STAT Referral **Hospital Discharge** **Patient Needs By:** _____

Prescriber Name: _____ NP PA

NPI #: _____

Address: _____ Phone #: _____

City, State, Zip: _____ Fax #: _____

Prescriber Signature: _____ **Date:** _____

Signature stamps not acceptable