



Patient Name: _____ Sex: M F Ht: _____ Wt: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Home Ph: _____ Cell Ph: _____ Work Ph: _____
Parent/Guardian (if child): _____ Patient Drug Allergies: _____ Dx: _____
Insurance: _____ ID#: _____ Ph#: _____

PLEASE ATTACH DEMOGRAPHIC SHEET

Rx: **Cayston® (75 mg) and Altera® Hand Held Device** Sig: Nebulize TID Dispense **1 handset & 28 day supply** Refill: _____
(Altera® nebulizer system will be provided—System Includes Controller, 1 Altera® Handset, Nebulizer Connection Cord, AC Power Supply, 4 AA Batteries)

Rx: **Colistimethate 150mg vials 150mg DOSE FOR JET NEB** Disp: 28 day supply 30 day supply ___q o month ___q month Refill: _____
Dispense all necessary supplies for preparation and administration.
Sig: Mix vial with ___ ml of Sterile Water Mix vial with ___ ml each of Sterile Water and Normal Saline
Swirl to mix and after dissolution, withdraw entire volume and nebulize via jet nebulizer ud BID
 LC Star® Nebulizer LC Plus® Nebulizer Compressor (Type: _____) Dispense 1 unit and replace nebulizer every 6 months.

Rx: **TOBI® 300mg ampules** Sig: Nebulize one ampule BID ___q o month ___q month Disp: **56 ampules (1 box)** Refill: _____
 LC Plus® Nebulizer/Pulmo-Aide Compressor (Only FDA approved device combination) Dispense 1 unit and replace neb every 6 months.

Rx: **Pulmozyme® Inhalation solution 2.5mg** Sig: Nebulize daily OR BID Disp **30 day supply or** _____ Refill: _____
 LC Plus® Nebulizer/Proneb® Sidestream®/Mobilaire™ Sidestream®/Porta-Neb® Hudson T Up-Draft II®/Pulmo-Aide®
 Marquest Acorn II®/Pulmo-Aide® (Only FDA approved device combinations)
Dispense 1 unit with all necessary supplies & replace neb every 6 months.

Rx: **Hyper Sal® 7% 4ml (Box of 60)** Sig: Nebulize BID with nebulizer before antibiotic therapy Disp **30 day supply or** _____ Refill: _____

Rx: **Xopenex® Inhalation solution** 0.31mg/3ml 0.63mg/3ml 1.25mg/3ml Disp ___ boxes of #24 Refill: _____
Sig: Nebulize 1 vial _____ times daily

Rx: **Xopenex® HFA** Disp 30 day supply or _____ Refill: _____
Sig: _____

Rx: **Albuterol Inhalation solution** 2.5mg/3ml (0.083%) 1.25mg/3ml (0.042%) Disp 30 day supply or _____ Refill: _____
Sig: Nebulize 1 vial _____ times daily (or every _____ hours)

Rx: **Albuterol MDI** Disp 30 day supply or _____ Refill: _____
Sig: _____

Rx: **Creon®** 6,000 12,000 24,000 Disp 30 day supply or _____ Refill: _____
Sig: _____ Capsules with meals _____ Capsules with snacks

Rx: **Pancreaze®** 4,200 10,500 16,800 21,000 Disp 30 day supply or _____ Refill: _____
Sig: _____ Capsules with meals _____ Capsules with snacks

Rx: **Zenpep®** 5,000 10,000 15,000 20,000 Disp 30 day supply or _____ Refill: _____
Sig: _____ Capsules with meals _____ Capsules with snacks

Rx: **Other Medication:** _____ Sig: _____ Disp 30 day supply or _____ Refill: _____

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Rx: **Other Medication:** _____ Sig: _____ Disp 30 day supply or _____ Refill: _____

Rx: **Source CF Vitamins** Sig: _____ Disp 30 day supply or _____ Refill: _____

Rx: **Colistimethate 150mg vials 75mg DOSE FOR Trio™ or ___mg Disp: 28 30 day supply ___q o month ___q month** Refill: _____
Dispense and all necessary supplies for preparation and administration
Sig: Mix vial with 6ml of Sterile Water Mix vial with 3ml each of Sterile Water and Normal Saline
Swirl to mix and after dissolution, withdraw 3ml of solution and nebulize via Trio ud BID. Discard remainder of vial and prepare each dose fresh immediately before nebulization.

Rx: **Trio™ Nebulizer** Dispense 1 unit with necessary supplies & replacement heads PRN ___ PARI SMARTMASK™ Kids ___ Extra handheld for Pulmozyme®

Rx: **Tobramycin 50mg/ml DOSE FOR Trio™ Preservative free solution for nebulization** Disp: 28 day supply 30 day supply Refill: _____
Sig: 150mg ___ Other Mg BID in Trio™ ___ q o month ___ q month

Physician's Signature

Date

Physician: _____ Address: _____ City/State/Zip: _____

DEA: _____ License#: _____ NPI#: _____ Ph: _____ Fax: _____

Disclaimer: The Trio™ nebulizer has not undergone human clinical studies to determine its safety or efficacy and has not been approved by the FDA for use with tobramycin in the treatment of Pseudomonas aeruginosa in patients with Cystic Fibrosis. Compounded prescriptions are not evaluated by the FDA for safety or efficacy.

Breathe Free Program!



☑ Colistimethate patients receive all supplies free of charge

- ☑ PSI also offers complimentary compressors and nebulizers to our Pulmozyme® and Tobi® patients
- ☑ Program includes free Source CF® Multivitamins
- ☑ PSI provides the Trio® Nebulizer for patients receiving selected antibiotic therapies