



Compounded Formulas for Oral Candida Rx Template

Patient's Name: DOB:
Patient's Address: City: State: Zip:
Patient's Phone: Drug Allergies:

Formulation Selection (choose one by checking the corresponding box)

- ☐ Amphotericin B 100mg/mL Oral Rinse
- ☐ Nystatin 100,000 U/mL-Triamcinolone Acetonide 0.2% SF Oral Rinse

Quantity Selection (choose a dispense quantity by checking the corresponding box)

- ☐ 120mL ☐ 240mL ☐ 480mL ☐ mL

Directions for Use (Choose pre-worded directions below or manually enter directions for use)

- ☐ Gargle and swish 5mL for 30-60 seconds, then spit. Perform up to every 4 hours as needed. Do not swallow medication
- ☐

Refills?

- ☐ Refill time(s) ☐ No Refills

Prescriber's Name: Date:
Prescriber's Street Address: City: State: Zip:
Prescriber's Phone Number: Name of person submitting order: