IVSOLUTIONS
RESPIRATORY SERVICES - HOME INFUSION - SPECIALTY PRODUCTS

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# Cystic Fibrosis Supplemental Medications

Patient Referral/Medication Request Form

## Patient Information

Patient Name _____ Date _____
Date of Birth _____ Male ☐ Female ☐
Social Security # _____
Allergies _____ NKA ☐
Address _____ Apt # _____
City _____ State _____ Zip _____
Phone Numbers Home _____
Work _____ Cell _____

## Physician Information

Physician Name _____
Office Contact Name _____
Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____
Physician Signature _____
Date _____ ☐ Dispense as written

**Please attach copy of insurance information or copy of insurance cards (both sides).**

## Shipping Information

☐ Patient's Home ☐ Physician's Office
☐ Other _____
**Date medication needed** _____

## Diagnosis/Medical Information

☐ 277.02 CF w/Pulmonary manifestations
☐ 277.03 CF w/gastrointestinal manifestations
☐ 277.09 CF w/other manifestations
☐ 041.7 Pseudomonas ☐ Other _____

### ACID REDUCERS

☐ Famotidine ☐ 20mg
☐ Omeprazole ☐ 20mg ☐ 40mg
☐ Pantoprazole ☐ 20mg ☐ 40mg
☐ Pepcid AC Chewable
☐ Lansoprazole ☐ 15mg ☐ 30mg
☐ Nexium ☐ 10mg ☐ 20mg ☐ 40mg
☐ Prevacid Solutab ☐ 15mg ☐ 30mg
☐ Prilosec OTC 20 mg
☐ Ranitidine 150mg
☐ Zantac Syrup (480mL bottle)
SIG: _____
QTY: _____ REFILL: _____

### ENZYMES

☐ Creon ☐ 3,000 ☐ 6,000 ☐ 12,000 ☐ 24,000 ☐ 36,000
☐ Pancreaze ☐ 4,200 ☐ 10,500 ☐ 16,800 ☐ 21,000
☐ Pertzye ☐ 8,000 ☐ 16,000
☐ Ultresa ☐ 13,800 ☐ 20,700 ☐ 23,000
☐ Viokace ☐ 10,440 ☐ 20,880
☐ Zenpep ☐ 3,000 ☐ 5,000 ☐ 10,000 ☐ 15,000 ☐ 20,000 ☐ 25,000 ☐ 40,000
SIG: _____
QTY: _____ REFILL: _____

### NASAL SPRAYS

☐ Fluticasone Nasal Spray 16gm
☐ Nasacort AQ Nasal Spray
☐ Nasonex Nasal Spray
☐ Beconase AQ Nasal Spray
SIG: _____
QTY: _____ REFILL: _____

### OTHER

☐ Prednisone ☐ 10mg ☐ 20mg
☐ Singulair ☐ 4mg chew ☐ 5mg chew ☐ 4mg granules ☐ 10mg
SIG: _____
QTY: _____ REFILL: _____

### INHALERS

☐ Advair Diskus ☐ 100/50mcg ☐ 250/50mcg ☐ 500/50mcg
SIG: _____
QTY: _____ REFILL: _____

☐ Advair HFA ☐ 45/21mcg ☐ 115/21mcg ☐ 230/21mcg
SIG: _____
QTY: _____ REFILL: _____

☐ Atrovent HFA 12.9 gm
SIG: _____
QTY: _____ REFILL: _____

☐ Flovent HFA ☐ 44mcg ☐ 110mcg ☐ 220mcg
SIG: _____
QTY: _____ REFILL: _____

☐ Serevent Diskus 50mcg
SIG: _____
QTY: _____ REFILL: _____

☐ QVAR Inhaler 40mcg (8.7g)
☐ QVAR Inhaler 80mcg (8.7g)
SIG: _____
QTY: _____ REFILL: _____

☐ Albuterol HFA 90mcg inhaler
☐ 6.7g Proventil ☐ 8g Ventolin ☐ 8.5g ProAir
SIG: _____
QTY: _____ REFILL: _____

☐ Albuterol ☐ 0.5% 20ml ☐ 0.63mg/3ml ☐ 1.25mg/3ml ☐ 2.5mg/3ml
SIG: _____
QTY: _____ REFILL: _____

☐ Xopenex ☐ HFA ☐ 1.25mg/0.5ml ☐ 0.31mg/3ml ☐ 1.25mg/3ml ☐ 0.63mg/3ml
SIG: _____
QTY: _____ REFILL: _____

### ANTIBIOTICS

☐ Azithromycin ☐ 250mg ☐ 500mg
☐ Ciprofloxacin ☐ 500mg ☐ 750mg
☐ SMZ-TMP (Bactrim) ☐ DS
SIG: _____
QTY: _____ REFILL: _____

### TRANSPLANT MEDICATIONS

☐ Cytovene ☐ 250mg
☐ Cyclosporine, USP (Modified)
☐ 25mg ☐ 100mg ☐ 100mg/ml
☐ Prograf ☐ 0.5mg ☐ 1mg
☐ Sandimmune
☐ 25mg ☐ 100mg ☐ 100mg/ml
SIG: _____
QTY: _____ REFILL: _____

### VITAMINS

☐ AquADEKs Pediatric Liquid (60ml bottle)
☐ AquADEKs Softgels (60)
☐ AquADEKs Chewables (60)
☐ ChoiceFul Chewables (60)
☐ ChoiceFul Softgels (60)
☐ Mephyton 5mg tabs (100)
☐ MVW Complete Chewables (60)
☐ MVW Complete Softgels (60)
☐ Vitamin E 400IU Caps (100)
SIG: _____
QTY: _____ REFILL: _____

### OTHER

☐ Other _____
SIG: _____
QTY: _____ REFILL: _____

****For Ohio patients, please only choose one (1) prescription per form****



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