

**PATIENT INFORMATION**  Deliver Here

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Caregiver Name: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

**PRESCRIBER INFORMATION**  Deliver Here

Prescriber Name: \_\_\_\_\_

State License #: \_\_\_\_\_ DEA #: \_\_\_\_\_

NPI #: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please fax a copy of front and back of the insurance card(s).**

**Clinical Information (Please fax pertinent lab information)**

Diagnosis:  E84.0 (pulmonary manifestations)  E84.11 (meconium ileus)  E84.19 (gastrointestinal manifestations)  E84.8 (other manifestations)  
 E84.9 (unspecified)

Mutations: \_\_\_\_\_

Prior Therapy <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Discontinuation of therapy	Start date	End Date

Allergies:  NKDA  Other: \_\_\_\_\_

Comorbidities: \_\_\_\_\_

Concomitant Medications: \_\_\_\_\_

Drug	Dose/Strength	Directions	Qty	Refills
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INHALED ANTIBIOTICS				
<input type="checkbox"/> <b>BETHKIS</b> (tobramycin inhalation solution)	<input type="checkbox"/> 300mg Ampule	<input type="checkbox"/> Inhale 300 mg (contents of one ampule) orally every 12 hours via nebulizer for 28 days on, followed by 28 days off		
<input type="checkbox"/> <b>KITABIS PAK</b> (tobramycin inhalation solution)	<input type="checkbox"/> 300mg/5mL Ampule	<input type="checkbox"/> Inhale 300 mg (contents of one ampule) orally every 12 hours via nebulizer for 28 days on, followed by 28 days off		
<input type="checkbox"/> <b>TOBI</b> (tobramycin solution)	<input type="checkbox"/> 300mg Ampule	<input type="checkbox"/> Inhale 300 mg (contents of one ampule) orally every 12 hours via nebulizer for 28 days on, followed by 28 days off		
<input type="checkbox"/> <b>TOBI PODHALER</b> (tobramycin inhalation powder)	<input type="checkbox"/> 28mg Capsule	<input type="checkbox"/> Inhale 112 mg (contents of four capsules) orally every 12 hours for 28 days followed by 28 days off		
<input type="checkbox"/> <b>Other:</b> _____	<input type="checkbox"/> <b>Other:</b> _____	<input type="checkbox"/> <b>Other:</b> _____		

MUCOLYTICS				
<input type="checkbox"/> <b>PULMOZYME</b> (dornase alfa)	<input type="checkbox"/> 2.5 mg/2.5 mL Ampule	<input type="checkbox"/> Inhale 2.5 mg (contents of one ampule) orally once daily via nebulizer		
<input type="checkbox"/> <b>HYPERTONIC SALINE</b> (sodium chloride)	<input type="checkbox"/> 3% Solution <input type="checkbox"/> 3.5% Solution <input type="checkbox"/> 7% Solution	<input type="checkbox"/> Inhale the contents of one vial orally _____ times per day via nebulizer		

Product substitution permitted  Dispense as written

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_