Foundation Care
An AcariaHealth Solution

Phone: 877.291.1122 • Fax: 877.291.1155

Date Shipment Needed: _____.

INHALED ANTIBACTERIALS FOR RECONSTITUTION REFERRAL FORM

PATIENT INFORMATION					
Patient Name:		DOB:	Sex: ☐M ☐F	Weight:	☐lbs. ☐kg.
SSN:	Phone:	Allergies:			
Address:		City:	State:	Zip:	
Emergency Contact:	Phone:	☐ **Please attach demographic information**			

PRESCRIBER INFORMATION			
Prescriber:	NPI:	DEA:	State Lic:
Supervising Physician:		Practice Name:	
Address:		City:	State:	Zip:
Phone:	Fax:	Key Office Contact:	Phone:

DIAGNOSIS INFORMATION / MEDICAL ASSESMENT

Primary Diagnosis: (ICD-10 Code & Description) ☐ E84.0CF w/ Pul Man. ☐J47.9 Bron w/o AC Exac _____

- Has patient been treated *previously* for this condition? ☐Yes ☐No Medication(s): _____
- Is patient *currently* on therapy? ☐Yes ☐No Medication(s): _____
- Will patient stop taking the above medication(s) before starting the new medication? ☐Yes ☐No If yes: _____
- How long should patient wait before starting the new medication? _____
- Other medications patient is currently taking including OTC medications with dosage and direction (or fax medication profile): _____

INSURANCE INFORMATION

☐ **Please attach front and back of patient's insurance card (medical and prescription)**

PRESCRIPTION INFORMATION (will dispense medication and supplies with standard directions, frequency, duration, quantity, and refills (marked in bold) unless otherwise indicated).

Equipment (Select handset type for dispensing if necessary): ☐eRapid™ Nebulizer ☐PARI LC PLUS® Nebulizer (QTY. 1, use as directed with nebulized medications, refill 11 or _____.)

Supplies: Syringes (any size appropriate) (QTY. 1 month or _____, **use as directed, refills 6** or _____.) **Alcohol Swabs (Qty 1 month) Sharps Container (Qty 1)**

MEDICATION (To Be Reconstituted And Inhaled Via Nebulizer By Mouth)	MIXING DIRECTIONS
☐**Amikacin 250mg/4mL** *Dispense amikacin 500mg/2mL(2mL) vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Mix 1mL (250mg) amikacin and 3mL sodium chloride 0.9% in nebulizer cup and nebulize 4mL (250mg) total.**
☐**Amikacin 500mg/4mL** *Dispense amikacin 500mg/2mL(2mL) vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Mix 2mL (500mg) amikacin and 2mL sodium chloride 0.9% in nebulizer cup and nebulize 4mL (500mg) total.**
☐**Ceftazidime 500mg/4mL** *Dispense ceftazidime 1g powder vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Reconstitute 1 vial ceftazidime 1g with 8mL sodium chloride 0.9% and nebulize 4mL (500mg).**
☐**Ceftazidime 1000mg/5mL** *Dispense ceftazidime 1g powder vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Reconstitute 1 vial ceftazidime 1g with 5mL sodium chloride 0.9% and nebulize 5mL (1g).**
☐**Clindamycin 150mg/4mL** *Dispense clindamycin 300mg/2mL(2mL) vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Mix 1mL (150mg) clindamycin and 3mL sodium chloride 0.9% in nebulizer cup and nebulize 4mL (150mg) total.**
☐**Colistimethate 75mg/4mL** *Dispense colistimethate 150mg powder vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Reconstitute 1 vial colistimethate 150mg with 8mL sodium chloride 0.9% and nebulize 4mL (75mg).**
☐**Colistimethate 150mg/4mL** *Dispense colistimethate 150mg powder vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Reconstitute 1 vial colistimethate 150mg with 4mL sodium chloride 0.9% and nebulize 4mL (150mg).**
☐**Gentamicin 80mg/4mL** *Dispense gentamicin 40mg/mL(2mL) vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Mix 2mL (80mg) gentamicin and 2mL sodium chloride 0.9% in nebulizer cup and nebulize 4mL (80mg) total.**
☐**Gentamicin 120mg/4mL** *Dispense gentamicin 40mg/mL(2mL) vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Mix 3mL (120mg) gentamicin and 1mL sodium chloride 0.9% in nebulizer cup and nebulize 4mL (120mg) total.**
☐**Levofloxacin 100mg/5mL** *Dispense levofloxacin 25mg/mL(20mL) vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Mix 4mL (100mg) levofloxacin and 1mL sodium chloride 0.9% in nebulizer cup and nebulize 5mL (100mg) total.**
☐**Meropenem 250mg/5mL** *Dispense meropenem 500mg powder vial for inj. and sterile water (10mL) vial for inj.*	**Reconstitute 1 vial meropenem 500mg with 10mL sterile water and nebulize 5mL (250mg).**
☐**Meropenem 500mg/5mL** *Dispense meropenem 500mg powder vial for inj. and sterile water (10mL) vial for inj.*	**Reconstitute 1 vial meropenem 500mg with 5mL sterile water and nebulize 5mL (500mg).**
☐**Tobramycin 80mg/4mL** *Dispense tobramycin 80mg/2mL(2mL) vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Mix 2mL (80mg) tobramycin with 2mL sodium chloride 0.9% in nebulizer cup and nebulize 4mL (80mg) total.**
☐**Vancomycin 125mg/4mL** *Dispense vancomycin 500mg powder vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Reconstitute 1 vial vancomycin 500mg with 16mL sodium chloride 0.9% and nebulize 4mL (125mg).**
☐**Vancomycin 250mg/4mL** *Dispense vancomycin 500mg powder vial for inj. and sodium chloride 0.9% (10mL) vial for inj.*	**Reconstitute 1 vial vancomycin 500mg with 8mL sodium chloride 0.9% and nebulize 4mL (250mg).**
☐**Other (Include drug, diluent and final concentration)**	☐**Other (Include mixing directions)**

FREQUENCY	DURATION	QUANTITY	REFILLS
BID or _____	**Every Other Month** or _____	**1 Month** or _____	**6** or _____

Brand is Medically Necessary (Prescriber is required to handwrite):_____

Prescriber's Signature: _____ ❑ DAW (Dispense as Written) **Date:** _____

Prescriber certifies that this referral form contains an original signature and is signed by the treating prescriber. NO STAMPED SIGNATURES WILL BE ACCEPTED. Where required by law, send electronic prescription or on official state prescription blank. In the event requested agent is not available through Foundation Care, this prescription shall be forwarded to an eligible pharmacy.