

Sinus Therapy

Personalized For You



Do You Have Chronic Sinus Symptoms?

Almost 40 million Americans suffer from inflammation of the sinuses (sinusitis). If you are one of these people then you know the frustration of sinusitis's most common symptoms including colds, headache, coughing, congestion, facial pain and pressure, and postnasal drip. Moreover, these symptoms occur again and again, becoming a vicious cycle.

What is Sinusitis?

Sinusitis is a common condition where the sinuses become inflamed and swollen. This condition interferes with drainage and causes mucus buildup. Breathing through your nose might be difficult and the area around your face might feel swollen, causing pain. Sinusitis can be brought on by infection, growths in the sinuses (nasal polyps) or a deviated nasal septum. Anyone can get chronic sinusitis but for some people nasal problems don't go away easily.

Traditional Sinus Treatments

There are many mass produced sinus medications. However, most of these treatment options focus more on the symptoms of sinusitis and not the root cause.

Personalized Sinus Treatments

Union Medical Pharmacy makes customized sinus medications that work on the cause of your sinus condition. This allows your physician, nurse practitioner or physician assistant to craft a sinus prescription personalized for your specific condition. Your prescriber can select from antibiotics, anti-fungals, anti-inflammatory medications or use a combination of these. These topical sinus prescriptions are applied directly in the nose and can often provide significant relief.

How do I get a personalized sinus prescription?

A personalized sinus prescription using antibiotics, antifungals or anti-Inflammatories requires a prescription. Here are the steps to follow to get your prescription:

- [Print out this brochure](#)
- [Bring all pages in to your next prescriber visit](#)
- [Describe your symptoms completely](#)
- [If your prescriber thinks a personalized prescription is right for you they will select the appropriate medication from the following page](#)



Union Medical Pharmacy

1769 Orchard Park Road
West Seneca, NY 14224

716. 675.4133
www.unionmedicalrx.com



Personalized Sinus Medication Order

Phone: (716) 675-4133

FAX: (716) 675-1314

1769 Orchard Park Road • West Seneca • New York • 14224

Patient Name:	DOB: / /	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Patient's Phone Numbers: Home () - Work / Cell () -		
Street:	Apt. No:	City: State: Zip:
Insurance:	ID No:	Group No:
Please fax patient's insurance card. Our pharmacy staff will contact your patient promptly		

Fixed Dose Combinations

<input type="checkbox"/> Gentamicin 100 mg Vancomycin 200mg Betamethasone 0.5 mg per 100 ml	<input type="checkbox"/> Gentamicin 100 mg Betamethasone 0.5 mg per 100 ml	<input type="checkbox"/> Vancomycin 200mg Betamethasone 0.5 mg per 100 ml
<input type="checkbox"/> Ciprofloxin 100mg Betamethasone 0.5 mg per 100 ml	<input type="checkbox"/> Gentamicin 100mg Betamethasone 0.5 mg Amphotericin B 5.0 mg per 100 ml	<input type="checkbox"/> Vancomycin 200mg Betamethasone 0.5 mg Amphotericin B 5.0 mg per 100 ml
<input type="checkbox"/> Ciprofloxin 100mg Betamethasone 0.5 mg Amphotericin B 5.0 mg per 100 ml	Quantity: <input type="checkbox"/> 1000 ml <input type="checkbox"/> 2000ml <input type="checkbox"/> 3000ml Directions: <input type="checkbox"/> Irrigate each nostril with 50 ml of solution two (2) times daily <input type="checkbox"/> Alternative sig (specify): _____ Refills: x _____	

Custom Combinations

Antibiotic	Anti-Inflammatory / Mucolytic	Antifungal
<input type="checkbox"/> Azithromycin 70 mg <input type="checkbox"/> Cefuroxime 300 mg <input type="checkbox"/> Ciprofloxin 100 mg <input type="checkbox"/> Clindamycin 150 mg <input type="checkbox"/> Gentamicin 100 mg <input type="checkbox"/> Mupirocin 5.0 mg <input type="checkbox"/> Mupirocin 15.0 mg <input type="checkbox"/> Vancomycin 200 mg	<input type="checkbox"/> Betamethasone 0.5 mg <input type="checkbox"/> Budesonide 0.6 mg <input type="checkbox"/> Acetylcysteine 200 mg <input type="checkbox"/> Other _____	<input type="checkbox"/> Fluconazole 40 mg <input type="checkbox"/> Itraconazole 40 mg <input type="checkbox"/> Amphotericin B <input type="checkbox"/> Other _____
Quantity: <input type="checkbox"/> 1000 ml <input type="checkbox"/> 2000ml <input type="checkbox"/> 3000ml Directions: <input type="checkbox"/> Irrigate each nostril with 50 ml of solution two (2) times daily <input type="checkbox"/> Alternative sig (specify): _____ Refills: x _____		

Prescriber Verification
 I have reviewed my patient's medical records and have determined that the medications ordered are medically necessary. I verify I have examined and diagnosed the patient as indicated above. I will comply with state and federal documentation requirements by retaining a copy of this prescription in the patient's medical record. This prescription is to be dispensed as written unless otherwise instructed by me.

Prescriber Name:	Signature:
Date:	Office Contact: NPI: