

Compounding Order Form Dental Products

These are our most prescribed options, we can always work with providers and patients to personalize treatment. Please check to order, we will fill with standard directions written in italics unless directed otherwise.

Patient Name: _____
DOB: _____
Phone number: _____
Address: _____

****Can order for specific patients OR for office stock use. If ordered for office stock, we still must have a 'patient' to place the script underneath. Usually this is the provider, nurse, receptionist, etc. but the address/phone number will be the clinic's information. We generally bill and deliver to clinics for clinic use stock. We always call with prices before compounding.**

Office stock scripts:

- Lidocaine 20%/Phenylephrine 2%/Tetracaine HCL 4% Dental Gel
- Lidocaine 10%/Phenylephrine 2%/Prilocaine 10%/Tetracaine 4% Dental Gel
- Lidocaine 12.5%/Phenylephrine 3%/Prilocaine 3%/Tetracaine 12.5 % Dental Gel

Please select the flavor: Cherry OR Peppermint

Please select the dispensing device: Tube Or Jar

QTY: 10gms, 30gms, 60gms alternative qty: _____

Directions: For appointment use only

Alternative custom formula: _____

****We will call if we cannot make a certain formula****

Patient specific scripts: Please see the magic mouthwash order form for additional options

- Triamcinolone Rinse 0.1% or 0.2% (please circle concentration) #240 ML
Directions: Rinse mouth with 5ml four times daily before meals and at bedtime. Nothing by mouth for 30 minutes afterwards
- Acyclovir 4% Ointment #10 grams
Directions: Apply to lesions daily until healed or as directed
- Acyclovir 4% / Lidocaine 4% Ointment #10 grams
Directions: Apply to lesions daily until healed or as directed

Signature: _____
Printed name: _____ NPI Number: _____
Number of Refills: _____ Date: _____