

Compounding Order Form Magic Mouthwash

These are our most prescribed options, we can always work with providers and patients to personalize treatment. Please feel free to call with questions or substitutions.

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

- DIPHENHYDRAMINE/LIDOCAINE/MAALOX

- DIPHENHYDRAMINE/LIDOCAINE/MAALOX/DEXAMETHASONE

- DIPHENHYDRAMINE/HYDROCORTISONE/NYSTATIN

- DIPHENHYDRAMINE/LIDOCAINE/MAALOX/PREDNISOLONE/WATER

Directions: _____

Quantity (circle one): 120 ML 240 ML 300 ML 360 ML alternative qty: _____

240ML is most often prescribed size

Note: We call patients with price options before filling.

Provider Signature: _____
Printed provider's name: _____
Date: _____ Refills: _____ NPI: _____