

# Tetracaine Lollipop Order Form

Excellent for dental or throat pain, often used  
post procedure, strep throat, etc.

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

**TETRACAINE HCL 0.5% SORBITOL BASE LOLLIPOP #3**

*SUCK ON LOLLIPOP FOR 30 SECONDS EVERY 2 HOURS FOR 5 DAYS.*

*Alternate Directions if needed: \_\_\_\_\_*

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