

# Compounding Order Form Topical Numbing Creams

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.**

- Lidocaine 23%/Tetracaine 7% in Cosmetic Cream
  
- Lidocaine 23%/Tetracaine 7% in Plasticized Ointment Base
  
- Benzocaine 20%/Lidocaine 8%/Tetracaine 4% in Cosmetic Cream
  
- Benzocaine 20%/Lidocaine 8%/Tetracaine 4% in Plasticized Ointment Base
  
- Benzocaine 20%/Lidocaine 10%/Tetracaine 10% in Plasticized Ointment Base

Qty: 30 grams, 60 grams, 90 grams or alternative quantity: \_\_\_\_\_

*Directions: For appointment use only*

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