

Patient: _____ Date: ___ / ___ / _____

Date of Birth: ___ / ___ / _____ Phone Number: (____) ____ - _____

Doctor's Name: _____

Phone Number: (____) ____ - _____ DEA or NPI: _____

- ___ Anti-Gag Lollipop: Tetracaine Sorbitol Lollipop; #____ pops
Bring to any dental appointments to prevent pain and gag reflex.
- ___ TMJ Cream: Ketoprofen/Cyclobenzaprine/Lidocaine in Lipoderm®; 60 gm
Apply 1 gram to jaw nightly at bedtime and as needed for pain.
- ___ Cold Sore Lip Balm: Acyclovir/Lidocaine Lip Balm Tube; # ____ tubes
Apply to lips five times daily as needed.
- ___ Alcohol Free Chlorhexidine 0.12% Oral Rinse; 480 ml
Swish and spit 15 ml twice daily after brushing teeth.
- ___ Magic Troches: Tetracycline/Nystatin/Diphenhydramine/Hydrocortisone; #____ troches
Dissolve 1 troche in mouth four times daily as needed.
- ___ Numbing Dental **Ointment** or **Gel** (for office use only): ____gm
Lidocaine 10%/Prilocaine 10%/Tetracaine 4% ___ add Phenylephrine 2%
- ___ Magic Mouthwashes: Swish and **Spit** or **Swallow** 5ml ___ times daily; ___ ml
 - ___ #1 Diphenhydramine/Maalox/Lidocaine Viscous 1:1:1
 - ___ #2 Diphenhydramine/Hydrocortisone/Nystatin/Minocycline 8ml:2mg:1ml:10mg
 - ___ #3 Diphenhydramine/Maalox/Lidocaine/Dexamethasone 1:1:1:1
 - ___ #4 Diphenhydramine/Nystatin/Hydrocortisone 10.5ml:1.5ml:12mg
 - ___ #5 Diphenhydramine/Maalox/Nystatin/Dexamethasone/Erythromycin 1:1:1:1:1%
 - ___ #6 Diphenhydramine/Maalox/Lidocaine/Nystatin/Prednisolone 1:1:1:1:1
 - ___ #7 Maalox/Lidocaine/Nystatin 1:1:1
 - ___ #8 Diphenhydramine/Maalox/Dexamethasone 1:1:1
 - ___ #9 Diphenhydramine/Maalox/Water 1:1:1
 - ___ #10 Lidocaine/Nystatin/Dexamethasone 1:1:1
 - ___ #11 Diphenhydramine/Lidocaine/Nystatin/Prednisolone 2.5:1.5:1:1
 - ___ #12 Diphenhydramine/Maalox/Lidocaine/Nystatin 1:1:1:1
 - ___ #13 Diphenhydramine/Lidocaine/Nystatin/Tetracycline/Hydrocortisone 1:7.5:1:1%:0.05%
 - ___ #14 Diphenhydramine/Lidocaine/Nystatin 4:1:5
 - ___ #15 Diphenhydramine/Lidocaine/Nystatin/Prednisolone 5:3:2:2
 - ___ #16 Diphenhydramine/Nystatin/Dexamethasone 1:1:1
 - ___ #17 Diphenhydramine/Maalox/Lidocaine/Prednisolone 1:1:1:1
 - ___ #18 Diphenhydramine/Lidocaine/Nystatin/Prednisone 5:3:2:2
 - ___ #19 Lidocaine/Nystatin/Prednisone 1:1:10%

Miscellaneous Combinations in: Polyox® Bandage or Dental Gel or Dental Paste

- | | | |
|------------------|-------------------------|----------------------|
| ___ % Lidocaine | ___ 2 % Phenylephrine | ___ 2 % Clotrimazole |
| ___ % Benzocaine | ___ 0.5 % Prednisolone | ___ 5 % Acyclovir |
| ___ % Prilocaine | ___ 0.1 % Triamcinolone | ___ 1 % Ibuprofen |
| ___ % _____ | ___ % _____ | ___ % _____ |

Directions: Apply to affected areas _____ times daily as needed; _____ gm

Refills: _____ **Signature:** _____

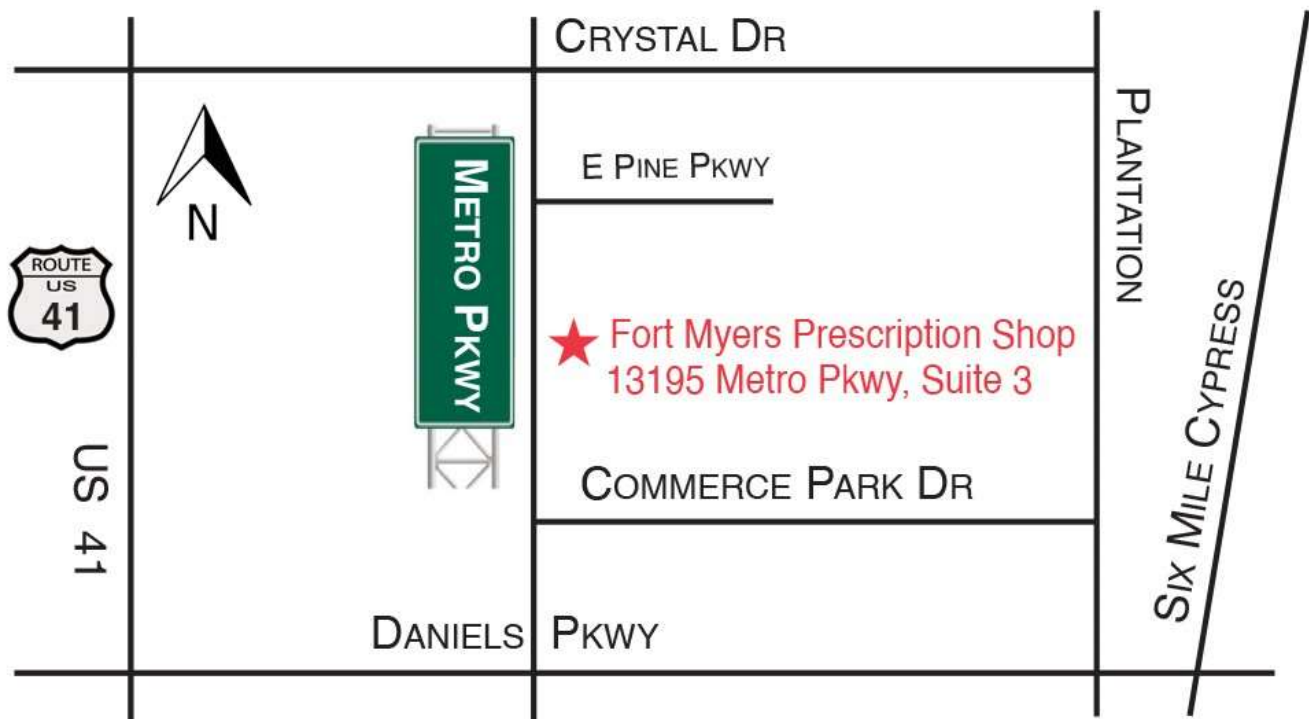
Please bring in or ask your doctor to fax the prescription to

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