



Compound Rx Pad

Date: _____

Drug	Cost	Quantity	Total Cost
LET (20/2/4) 30gm	\$60		
LET (20/2/4) Syringes 30g	\$70		
LET + P (10/2/10/10) 30g (For Office Use Only)	\$70		
Anesthetic Rinse 480 ml	\$115		
Dyclonine 1% Lidocaine 1% 240 ml	\$60		
For Office Use Only 120 ml	\$30		
TMJ Cream	\$60		
Ketoprofen 20% Cyclobenzaprine 2% 30gm			
Apply to affected area 3-4 times daily prn pain			
Patient: _____			
PIP 120 gm	\$185		
For Office Use Only			
Magic Mouth Wash	\$50		
Lidocaine/Diphenhydramine/Maalox 1:1:1			
240ml			
Swish and swallow 3-4 times daily or as directed			
Patient: _____			
Dry Socket Paste	\$60		
For Office Use			

Company: _____

Prescriber: _____

NPI: _____ Refills _____

Address: _____ Zip Code: _____

e-mail: _____

Phone: _____ Fax: _____

Signature: _____

FAX COMPLETED FORM TO: 281.824.0505