



Date: _____ Patient Name: _____
 DOB: _____ Address: _____
 City: _____ State: _____ Phone: _____ Allergies: _____
 Call When Ready Text Message When Ready Delivery Mail Out

Misoprostol 0.0024%/Diphenhydramine HCl 0.1%/Lidocaine HCl 1% Oral Rinse (MucoLox™)

Qty: 120 ml or: _____
 Sig: Swish and Spit 5 ml up to 4 times daily as directed.
 Or: _____

Misoprostol 0.0024%/Ketoconazole 10 mg/ml/Tetracycline HCl 12 mg/ml/Triamcinolone Acetonide 1 mg/ml/Chlorpheniramine Maleate 0.2 mg/ml/Deoxy-D-Glucose 1 mg/ml Oral Rinse (MucoLox™)

Qty: 120 ml or: _____
 Sig: Swish and Spit 5 ml up to 4 times daily as directed.
 Or: _____

Dexamethasone 3.3 mcg/ml/Tetracycline HCl 13.5 mg/ml/Nystatin 16,667 U/ml/Diphenhydramine HCl 1.25 mg/ml Oral Rinse (MucoLox™)

Qty: 120 ml or: _____
 Sig: Swish and Spit 5 ml up to 4 times daily as directed.
 Or: _____

[Stanford Mouthwash] Tetracycline HCl 13.5 mg/ml/Nystatin 16,667 U/ml/Chlorpheniramine Maleate 2 mg/ml/Hydrocortisone 4.6 mg/ml Oral Rinse (MucoLox™)

Qty: 120 ml or: _____
 Sig: Swish and Spit 5 ml up to 4 times daily as directed.
 Or: _____

[Stanford Modified Mouthwash] Tetracycline HCl 13.5 mg/ml/Nystatin 16,667 U/ml/Diphenhydramine HCl 1.25 mg/ml/Hydrocortisone 4.6 mg/ml Oral Rinse (MucoLox™)

Qty: 120 ml or: _____
 Sig: Swish and Spit 5 ml up to 4 times daily as directed.
 Or: _____

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature:

Print Name: _____ Agent sending: _____
 NPI: _____ DEA: _____

Clinic Name: _____
 Clinic Address: _____
 Clinic Phone/Fax: _____

