



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

Tetracaine HCl 0.5% Sorbitol Lollipop™ Base
 Qty: #1 or: _____
 Sig: Suck on one lollipop until mouth feels numb and then replace in vial. Or: _____

Lidocaine 4% Throat Spray (MucoLox™)
 Qty: #60 ml or: _____
 Sig: Spray 1-4 sprays orally three times daily as needed.
 Or: _____

Benzocaine 2.3% Throat Spray (MucoLox™)
 Qty: #60 ml or: _____
 Sig: Spray 1-4 sprays orally three times daily as needed.
 Or: _____

Lidocaine HCl 2% Oral Rinse (MucoLox™)
 Qty: #90 ml or: _____
 Sig: Swish and spit 3 ml orally three times daily as needed. Or: _____

Dexamethasone 0.05 mg/ml Oral Rinse (MucoLox™)
 Qty: #90 ml or: _____
 Sig: Swish and spit 3 ml orally three times daily as needed. Or: _____

Acyclovir 5%/Lidocaine HCl 1%/Deoxy-D-Glucose 2% Oral Rinse (MucoLox™)
 Qty: #90 ml or: _____
 Sig: Swish and spit 3 ml orally three times daily as needed. Or: _____

Lidocaine HCl 2% Oral Rinses (MucoLox™)
 Qty: #90 ml or: _____
 Sig: Swish and spit 3 ml orally three times daily as needed. Or: _____

Healthcare Provider Signature:

Print Name: _____
NPI: _____

Refills: 1 2 3 4 5 PRN

Agent sending: _____
DEA: _____

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

