



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

Pilocarpine HCl 10mg/ml Oral Drops (MucoLox™)
 Qty: #90 ml
 Sig: Use 0.5-1 ml (5-10 mg) orally three times daily as needed. Or: _____

Pilocarpine HCl 5 mg Sorbitol Lollipop™ Base
 Qty: #10
 Sig: Use one lollipop orally three times daily as needed.
 Or: _____

Pilocarpine HCl 2 mg Base A Troche
 Qty: #30
 Sig: Let 1 troche dissolve orally three times daily as needed
 Or: _____

Xylitol 10%/Beta Glucan 0.5%/Olive Oil 2% Oral Rinse (MucoLox™)
 Qty: #240 ml
 Sig: Swish and Spit 5 ml orally three times daily as needed.
 Or: _____

Artificial Saliva Gel (MucoLox™)
 Qty: #90 ml
 Sig: Use 1 ml orally three times daily as needed.
 Or: _____

Sodium Chloride 8.8 mg/Potassium Chloride 3.1 mg/Calcium Chloride 3.4 mg Base A Troche
 Qty: #30
 Sig: Let 1 troche dissolve orally three times daily as needed.
 Or: _____

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature:

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

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

