

To: _____ Patient Name _____
 Address: _____
 Date of Birth: _____
 PHIN: _____
 Phone: _____

Or: _____ Today's Date: _____

Popular combinations:

- ☐ Magic mouthwash – diphenhydramine 0.075%, hydrocortisone 0.125%, nystatin 7500u/ml, lidocaine 0.4%
- ☐ Super Magic Mouthwash – diphenhydramine 0.125%, dexamethasone 0.00033%, tetracycline 1.25%, lidocaine 1%
- ☐ Tetracaine 0.5%, hydrocortisone 1%, clotrimazole 2%, sucralfate 15.6%
- ☐ Ketamine 0.03%, tetracaine 0.5%, sucralfate 15.6% (requires a duplicate Rx)
- ☐ Pink Lady - Xylocaine Viscous 2% : Maalox, 1:1
- ☐ Modified Pink Lady – Xylocaine Viscous 2% : Maalox: Benadryl Elixir, 1:1:1

OR

Check the Ingredient & Strength:

Other Strength:

☐	Ketamine	__ 0.03%	__ 0.4%	(requires a duplicate Rx)	_____ %
☐	Morphine	__ 0.2%	__ 0.5%	(requires a duplicate Rx)	_____ %
☐	Gabapentin	__ 6%			_____ %
☐	Lidocaine	__ 0.4%	__ 1%	__ 2%	_____ %
☐	Tetracaine	__ 0.5%	__ 1%		_____ %
☐	Diphenhydramine	__ 0.075%	__ 0.125%	__ 0.2%	_____ %
☐	Hydrocortisone	__ 0.125%	__ 0.5%	__ 1%	_____ %
☐	Dexamethasone	__ 0.00033%			_____ %
☐	Sucralfate	__ 4%	__ 8%	__ 15.6%	_____ %
☐	Clotrimazole	__ 2%			_____ %
☐	Nystatin	__ 7500u/mL			_____ u/mL
☐	Tetracycline	__ 1.25%			_____ %
☐	Misoprostol	__ 0.0024%			_____ %
☐	Additional Ingredients:	_____ %			_____ %

Directions: Swish and spit 10-15mL or _____ mL q 2-3 hours or _____ (frequency) as needed.

OR

Swish and swallow _____ ml _____ (frequency) as needed.
 (consider systemic effects when determining volume and frequency if swallowing)

Mucolox Base: Swish and spit 5ml BID to QID as needed.
 Swish and swallow 5 – 10ml BID to QID as needed.

Mitte: _____ mL Refill x _____

Physician Name (Print): _____
 Address: _____
 Phone: _____
 Signature: _____

Prescription Certification: This prescription represents the original of the prescription. The pharmacy addressee noted above is the only intended recipient and there are no other. The original prescription has been invalidated and securely filed and it will not be transmitted elsewhere at another time.

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