

Patient Name:		DOB:
Phone:	Cell:	
Address:		
City:	State:	Zip:
Allergies: <input type="checkbox"/> Y <input type="checkbox"/> N		

### DENTAL

#### Gel Formulas

- PCCA Formula #11153**  
Lidocaine HCl 10%/Prilocaine HCl 10%/Tetracaine HCl 4% Dental Gel (MucoLox™) (BUD Study)
- PCCA Formula #9849**  
Lidocaine HCl 10%/Phenylephrine HCl 2%/Prilocaine HCl 10%/Tetracaine HCl 4% Dental Gel
- PCCA Formula #13653**  
Lidocaine HCl 20%/Tetracaine HCl 4%/Phenylephrine HCl 2% Anhydrous Dental Gel

#### Other

- PCCA Formula #1630**  
Benzocaine 25% Compound Dental Liquid
- PCCA Formula #4513**  
Betamethasone 0.025% Dental Rinse

#### Other Preparation and Strength

Need something else? Contact one of our compounding pharmacists at 801-561-2287.

Sig:	
Qty:	

Prescriber:	Phone:
Signature:	Date:
Prescriber Address:	