



"THE BADDEST TOPICAL IN TOWN" (BTT 12.5)

Phone: (855) 876-3060 | Fax: (866)893-9320

PRESCRIBER INFORMATION

DENTIST NAME (PRINT) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

OFFICE EMAIL _____

CREDIT CARD _____ EXP DATE _____ CVV CODE _____

ITEMS

SIZE

<input type="checkbox"/> BTT 12.5 GEL Lidocaine 12.5%, Tetracaine 12.5%, Prilocaine 3%, Phenylephrine 3% Gel	<input type="checkbox"/> Strawberry	<input type="checkbox"/> 75g <input type="checkbox"/> 150g
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<input type="checkbox"/> BTT 12.5 GEL	<input type="checkbox"/> Blueberry	<input type="checkbox"/> 75g <input type="checkbox"/> 150g
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<input type="checkbox"/> BTT 12.5 GEL	<input type="checkbox"/> Creme De Mint	<input type="checkbox"/> 75g <input type="checkbox"/> 150g
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<input type="checkbox"/> BTT 12.5 GEL	<input type="checkbox"/> Bubblegum	<input type="checkbox"/> 75g <input type="checkbox"/> 150g
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<input type="checkbox"/> BTT 12.5 GEL	<input type="checkbox"/> Pina Colada	<input type="checkbox"/> 75g <input type="checkbox"/> 150g
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<input type="checkbox"/> BTT 12.5 OINTMENT Lidocaine 12.5%, Tetracaine 12.5%, Prilocaine 3%, Phenylephrine 3% Gel	<input type="checkbox"/> Strawberry	<input type="checkbox"/> 30g <input type="checkbox"/> 60g
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<input type="checkbox"/> BTT 12.5 OINTMENT	<input type="checkbox"/> Blueberry	<input type="checkbox"/> 30g <input type="checkbox"/> 60g
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<input type="checkbox"/> BTT 12.5 OINTMENT	<input type="checkbox"/> Creme De Mint	<input type="checkbox"/> 30g <input type="checkbox"/> 60g
---	---	---

<input type="checkbox"/> BTT 12.5 OINTMENT	<input type="checkbox"/> Bubblegum	<input type="checkbox"/> 30g <input type="checkbox"/> 60g
---	---	---

<input type="checkbox"/> BTT 12.5 OINTMENT	<input type="checkbox"/> Pina Colada	<input type="checkbox"/> 30g <input type="checkbox"/> 60g
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Physician Verification

I, the prescriber, verify that the marked prescriptions above, shall only be administered to my patients and shall not be dispensed to the patient nor sold to any third party or entity. The prescription is to be dispensed as written unless otherwise instructed by me.

Signature: _____ Date: _____

NPI #: _____ Lic #: _____

Phone: _____ Fax: _____

FAX FORM TO: (818)876-3010