WHCP

Woodland Hills Compounding Pharmacy

DENTAL COMPOUNDING ORDER FORM

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
☐ **TAC 20 GEL** Lidocaine 20%, Tetracaine 4%, Phenylephrine 2%	☐ 75g ☐ 150g
☐ **TAC 20 OINTMENT** Lidocaine 20%, Tetracaine 4%, Phenylephrine 2%	☐ 30g ☐ 60g
☐ **PROFOUND GEL** Lidocaine 10%, Prilocaine 10%, Tetracaine 4% Phenylephrine (PE) 2% can be added upon request	☐ 75g ☐ 150g
☐ **PROFOUND OINTMENT** Lidocaine 10%, Prilocaine 10%, Tetracaine 4% Phenylephrine (PE) 2% can be added upon request	☐ 30g ☐ 60g
☐ **BTT 12.5 GEL** Lidocaine 12.5%, Tetracaine 12.5%, Prilocaine 3%, Phenylephrine 3% Gel	☐ 75g ☐ 150g
☐ **BTT 12.5 OINTMENT** Lidocaine 12.5%, Tetracaine 12.5%, Prilocaine 3%, Phenylephrine 3% Gel	☐ 30g ☐ 60g
☐ **DYCLONINE 1% RINSE** Dyclonine is a topical anesthetic in the form of a rinse that patients can swish around for one minute to anesthetize gingival and palatal tissues.	☐ 1 (8oz) bottle ☐ 4 (8oz) bottle ☐ 10 (8oz) bottle
☐ **FUSION BONE BINDER GRAFT SETS**	☐ 3 Graft Set ☐ 5 Graft Sets ☐ 10 Graft Sets
☐ **GARG BONE BINDER**	☐ 5 Syringes ☐ 10 Syringes ☐ 15 Syringes
☐ **Minocycline 1% Gel** Alternate to Arestin	☐ 10 Syringes ☐ 30 Syringes ☐ 60 Syringes

Physician Verification

I, the prescriber, verify that the marked prescriptions above, shall only be adminstered 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: (866) 893-9320

Revision Date: 09/09/2016