



Carie Boyd's Prescription Shop • 122 Grapevine Highway, Hurst, Texas 76054 • Tel: 800-930-4361 • Fax: 800-883-4791 • CarieBoyd.com

Doctor Info	Doctor first and last name, DDS			Email	
	Address (number and street)			City, State, and Zip Code	
	DEA #	License #	NPI #	Telephone	Fax

SHIPPING

Priority Overnight (\$35)

Overnight (\$20)

2nd Day (\$12.50)

* If no shipping options are selected Standard 2nd Day Shipping will be applied.

* Orders over \$100 will receive free 2nd Day Shipping.

Compounded PFG

Common formulation: 10% Prilocaine, 10% Lidocaine, 4% Tetracaine.
Aqueous gel base, green coloring, Crème de Menthe flavor.
Supplied in **TUBE** (Jar option \$5 ea.)

Other standard formulation request: _____

INDICATE QUANTITY FOR EACH SIZE AND OPTIONS (if any)

30 GRAM (\$89.95 per Tube) QTY: _____
(Provides about 120 1/4 gram applications) Jar Option (\$5)

45 GRAM (\$119.95 per Tube) QTY: _____
(Provides about 180 1/4 gram applications) Jar Option (\$5)

Compounded PFG Lite

Common formulation: 5% Prilocaine, 5% Lidocaine, 2% Tetracaine.
Aqueous gel base, blue coloring, Crème de Menthe flavor.
Supplied in **TUBE** (Jar option \$5 ea.)

Other standard formulation request: _____

INDICATE QUANTITY FOR EACH SIZE AND OPTIONS (if any)

30 GRAM (\$84.95 per Tube) QTY: _____
(Provides about 120 1/4 gram applications) Jar Option (\$5)

45 GRAM (\$114.95 per Tube) QTY: _____
(Provides about 180 1/4 gram applications) Jar Option (\$5)

ADDITIONAL SPECIAL COMPOUND OPTIONS are \$5.00 each. Special Options are packaged in **JARS**.

30g QTY: _____ Thicker option Tube option Special Flavor: _____

45g QTY: _____ Thicker option Tube option Special Flavor: _____

30g Lite QTY: _____ Thicker option Tube option Special Flavor: _____

45g Lite QTY: _____ Thicker option Tube option Special Flavor: _____

Special Flavor Codes

Bubble Gum	001	Mint	007
Cherry	002	Piña Colada	008
Cotton Candy	003	Raspberry	009
Grape	004	Strawberry	010
		Tutti Frutti	011
Marshmallow	006	Watermelon	012

NOTE: This order form is for ease of ordering and reflects the most common strengths used. Variations of strength and flavor are available on request.

SIG: Apply 1/8 gram to affected area. Rinse off within 3 minutes.

TOTAL Number of TUBES/JARS: _____

TOTAL Number of TUBES/JARS: _____

Compounded NYC Topical Anesthetic Rinse

NYC Regular Strength: 0.5%

NYC Extra Strength: 1%

480ML = Approximately 10 Doses

480ML Regular Strength: 0.5% \$119.95 per Bottle

QTY: _____ Special Flavor: Mint Lemon

960ML Two Bottle Package (save 15%) \$204.95 per Bottle

QTY: _____ Special Flavor: Mint Lemon

480ML Extra Strength: 1% \$129.95 per Bottle

QTY: _____ Special Flavor: Mint Lemon

960ML Two Bottle Package (save 15%) \$221.95 per Bottle

QTY: _____ Special Flavor: Mint Lemon

SIG: Rinse mouth with 30 ml for 20 seconds.

I attest that this compound is not commercially available and is custom compounded to my specifications and order.

Physician Signature

Date

EMAIL TO orders@carieboyd.com

FAX TO 800-883-4791



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	DEA #	License #	NPI #	Telephone	Fax

SHIPPING

Priority Overnight (\$35)

Overnight (\$20)

2nd Day (\$12.50)

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Compounded PFP

Common formulation: 10% Prilocaine, 10% Lidocaine, 4%Tetracaine, 2% Phenylephrine.
Thick aqueous gel base, Green coloring, Crème de Menthe flavor.
Supplied in **TUBE** (Jar option \$5 ea.)

Other standard formulation request: _____

INDICATE QUANTITY FOR EACH SIZE AND OPTIONS (if any)

30 GRAM (\$99.95 per Tube) QTY: _____

(Provides about 120 1/4 gram applications) Jar Option (\$5)

45 GRAM (\$129.95 per Tube) QTY: _____

(Provides about 180 1/4 gram applications) Jar Option (\$5)

ADDITIONAL SPECIAL COMPOUND OPTIONS are **\$5.00 each**. Special Options are packaged in **JARS**.

30g QTY: _____ Special Flavor: _____

45g QTY: _____ Special Flavor: _____

Special Flavor Codes			
Bubble Gum	001	Mint	007
Cherry	002	Piña Colada	008
Cotton Candy	003	Raspberry	009
Grape	004	Strawberry	010
		Tutti Frutti	011
Marshmallow	006	Watermelon	012

NOTE: This order form is for ease of ordering and reflects the most common strengths used. Variations of strength and flavor are available on request.

SIG: Apply 1/8 gram to affected area. Rinse off within 3 minutes.

TOTAL Number of TUBES/JARS: _____

Compounded DYC Topical Anesthetic Rinse

DYC Regular Strength: 0.5% DYC Extra Strength: 1% 480ML = Approximately 10 Doses

480ML Regular Strength: 0.5% \$119.95 per Bottle QTY: _____ Special Flavor: Mint Lemon

960ML Two Bottle Package (save 15%) \$204.95 per Bottle QTY: _____ Special Flavor: Mint Lemon

480ML Extra Strength: 1% \$129.95 per Bottle QTY: _____ Special Flavor: Mint Lemon

960ML Two Bottle Package (save 15%) \$221.95 per Bottle QTY: _____ Special Flavor: Mint Lemon

SIG: Rinse mouth with 30 ml for 20 seconds.

I attest that this compound is not commercially available and is custom compounded to my specifications and order.

Physician Signature

Date

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FAX TO 800-883-4791