DENTIST/ ORTHODONTIST COMPOUND FORM

S&J Argyle Pharmacy
101 Old Town Blvd. S. #102
Argyle, TX 76226
PH: 940-464-4500
FAX: 940-464-4533

PATIENT NAME: _____ DOB: _____ PHONE: _____

ADDRESS: _____

ALLERGIES: _____

Please complete the above demographics or send in a face sheet.

ANTI-INFECTIVE TREATMENT

- ☐ **Metronidazole 25% Dental Gel**
- ☐ **Minocycline HCl 2% Periodontal Gel**
- ☐ **Metronidazole 45.5%/Ciprofloxacin HCl 45.5%/ Minocycline HCl 9% Dental Paste**

TEMPOROMANDIBULAR JOINT DISORDER (TMJ)

- ☐ **Ketoprofen 5%/Cyclobenzaprine HCl 0.5%/ Lidocaine HCl 5%/Bupivacaine HCl 1% Topical Cream**
- ☐ **Ketoprofen 10%/Cyclobenzaprine HCl 2% Topical Cream**
  - __ Sig: Apply to affected area topically every 4-6 hours as needed for pain.
  - __ Other Sig: _____

ORAL LICHEN PLANUS

- ☐ **Tretinoin 0.1%/Clobetasol Propionate 0.05% Oral Rinse**
- ☐ **Tretinoin 1 mg/Clobetasol Propionate 0.5% Troches**
- ☐ **Triamcinolone 0.1% Oral Rinse**

THRUSH (ORAL CANDIDA)

- ☐ **Amphotericin 1mg Troche**
- ☐ **Amphotericin B 1mg/mL Oral Suspension**
- ☐ **Clotrimazole 1% Oral Rinse**

DRY MOUTH

- ☐ **Pilocarpine HCl 5 mg Lollipop**
- ☐ **Pilocarpine HCl 2 mg Base A Troche**
- ☐ **Pilocarpine HCl 2 mg Mucolox oral drop**

ANESTHETIC

- ☐ **Lidocaine HCl 10%, Prilocaine HCl 10%, Tetracaine HCl 4% Dental Gel**
- ☐ **Lidocaine HCl 20%/Tetracaine HCl 4%/ Phenylephrine HCl 2% Dental Gel**
- ☐ **Lidocaine HCl 10%/Phenylephrine HCl 2%/ Prilocaine HCl 10%/Tetracaine HCl 4% Dental Gel**
- ☐ **Tetracaine HCl 0.5% Lollipop**

DRY SOCKETS

- ☐ **Benzocaine 25% Gel**
- ☐ **Benzocaine 16.7% Paste**
- ☐ **Lidocaine HCl 15%/Prednisolone 0.5%/ Eugenol Paste**

MOUTH ULCERS/CANKER SORES

- ☐ **Mucolox Rinse**
- ☐ **Troche**
- ☐ **Oral Adhesive Paste**
- ☐ **Polyox Bandage**
  - __ Doxycycline 0.2%
  - __ Nystatin 25,000 units/ML
  - __ Diphenhydramine 0.1%
  - __ Dexamethasone 0.01%
  - __ Lidocaine 2%
  - __ Misoprostol 0.0024%
  - __ Aloe Vera 0.2%

__ **Oral Gel/Paste Sig:** Apply orally to affected area(s) every 4-6 hours as needed
__ **Troche Sig:** Dissolve 1 troche sublingually every 4-6 hours as needed
__ **Lollipop Sig:** Suck on lollipop for 10-20 seconds by mouth every 4-6 hours as needed
__ **Rinse Sig:** Swish and spit/swallow by mouth every 4-6 hours as needed
__ **Polyox Bandage Sig:** See attached directions
__ **Other Sig:** _____

PRESCRIBER NAME: _____ **DEA:** _____ **DATE:** _____

PHONE: _____ **NPI:** _____

ADDRESS: _____

PRESCRIBER SIGNATURE: _____ **REFILLS** _____