

Care4U Health Mart Pharmacy
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San Bruno, CA 94066
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Care4upharm@gmail.com



DATE: _____

PRACTICE NAME: _____

DOCTOR NAME: _____

ADDRESS : _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ FAX: _____ DEA _____ LICENSE _____

CREDIT CARD: _____ EXPIRATION _____ CODE _____

PATIENT NAME: _____

ADDRESS : _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ DOB _____ DRUG ALLERGIES _____

CREDIT CARD: _____ EXPIRATION _____ CODE _____

COMPOUNDS

1. BENZOCAINE 20 % LIDOCAINE 8% TETRACAINE 4% CREAM
2. LIDOCAINE 23% TETRACAINE 7% OINTMENT
3. LIDOCAINE 5 % CREAM OR OINTMENT
4. LIDOCAINE 30 % CREAM OR OINTMENT

15G 30G 60G 120G 240G 450G

CHOOSE INGREDIENT STRENGTHS

BENZOCAINE:

LIDOCAINE:

TETRACAINE:

PRILOCAINE:

PHENYLEPHRINE:

QTY _____ REFILLS _____ SIG _____

SIGNATURE REQUIRED- NP/MD
