

BURNING MOUTH SYNDROME

Patient Last Name _____ First name _____ DOB ___/___/___

Street Address _____ Phone ___-___-___

City, State, Zip _____

Drug Allergies _____

Oral Rinse Suspensions:

- Diphenhydramine HCL 0.1%, Lidocaine HCL 1%, Misoprostol 0.0024%
- Clonazepam 0.1mg/ml
- Clonazepam 0.1mg/ml, Diphenhydramine HCL 10mg/ml
- Amitriptyline 2%, Gabapentin 6%, Lidocaine HCL 0.5%

Oral Rinse _____ ml

- Add sweetener
- Add flavor
- Add mucoadhesive

Sig: Give 1ml – 2ml orally and leave in as long as possible to increase surface contact time. Then, spit.

Other Instructions: QD _____ BID _____ TID _____ QID _____

Prescriber Name: _____ Contact Phone: _____ - _____ - _____

NPI# _____ **Email:** _____

DEA# _____

Signature: _____ Date: _____

