

# DENTAL ANESTHETIC GELS

## For In-office Procedure Use Only

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Compounding Pharmacist, M.S. Nutrition  
**James Cammarata, Rph**  
Compounding Pharmacist

Patient Last Name \_\_\_\_\_ First name \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_-\_\_\_\_-\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Drug Allergies \_\_\_\_\_

### Formulas

- Lidocaine HCL 10%, Prilocaine HCL 10%, Tetracaine HCL 4%, Dental oral gel
- Lidocaine HCL 10%, Phenylephrine 2%, Prilocaine HCL 10%, Tetracaine HCL 4%, Dental oral gel
- Lidocaine HCL 10%, Phenylephrine 2%, Tetracaine 4%, Dental oral gel

**Dispensing Volume**      30g \_\_\_\_\_      60g \_\_\_\_\_      90g \_\_\_\_\_      120g \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Contact Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

**NPI#** \_\_\_\_\_ Email: \_\_\_\_\_

**DEA#** \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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