



13110 W Dodge RD Suite B  
T - 402-408-0015 - FX - 402-408-0020  
[www.jkohllrx.com](http://www.jkohllrx.com)

Patient Name: \_\_\_\_\_ Allergies: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ DOB: \_\_\_\_\_

## MKO troche

(Midazolam 3mg, Ketamine 25mg, Ondansetron 2mg per troche)

Quantity: #30      Refills: \_\_\_\_\_

**Directions: Dissolve ONE troche between cheek and gum  
15 minutes prior to procedure.**

Prescriber Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_

Prescriber Written Name \_\_\_\_\_

Prescriber Address: \_\_\_\_\_

Prescriber DEA: \_\_\_\_\_

**FAX ORDER TO 402-408-0020**