J KOHLL RX

DENTAL COMPOUNDING

J Kohll RX Compounding | NE License #3188
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MAGIC MOUTHWASH

Custom Compounding Prescription / Order Form

PATIENT INFORMATION

Patient Name: _____ DOB: _____

Date: _____ Telephone: _____ Address: _____

SELECT COMPOUNDING FORMULA

☐ **FORMULA #1**

Lidocaine 2% (40 mL) / Diphenhydramine 12.5 mg/mL (40 mL)
Maalox (40 mL) — Ratio 1:1:1

☐ **FORMULA #2**

Lidocaine 2% (30 mL) / Diphenhydramine 12.5 mg/mL (30 mL)
Maalox (30 mL) / Nystatin 100,000 units/mL (30 mL)

☐ **FORMULA #3**

Lidocaine 2% (30 mL) / Diphenhydramine 12.5 mg/mL (30 mL)
Maalox (30 mL) / Nystatin 100,000 units/mL (15 mL)
Dexamethasone 0.5 mg/mL (15 mL)

PRESCRIPTION DIRECTIONS

Quantity: 120 mL

Sig: Swish and spit 5–10 mL every 4–6 hours as needed for mouth pain.

Other: _____

Prescriber Signature: _____ DEA #: _____ Telephone: _____

FAX COMPLETED ORDER TO 402-408-0020

Formulations and directions should be verified by the prescribing clinician and pharmacy before use.