

Inland Compounding Pharmacy, Inc. 24747 Redlands Blvd., Suite F, Loma Linda, CA 92354  
Phone: 909 478-3842 Fax: 909 478-3853

### Dental Office Supply Prescription Form

**OFFICE INFORMATION:**

Office Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

**Please Compound the Following:**

“Tri-caine” Laser gel, 30 gm Quantity: \_\_\_\_\_  
(Benzocaine 20%, Lidocaine 6%, Tetracaine 4%, Phenylephrine 0.01% in PLO gel)

**Directions:**  
For Office Use Only.

Aussie Wondermix, 10 gm Quantity: \_\_\_\_\_  
(Demeclocycline 20 mg/gm, Triamcinolone 6.7mg/gm in Calcium/Zinc powder)

**Directions:**  
For Office Use Only.

REFILL \_\_\_\_\_ TIMES

D.E.A.: \_\_\_\_\_ Prescriber’s Signature: \_\_\_\_\_

Please print Prescriber’s name: \_\_\_\_\_