To: Dynasty Pharmacy
5460 Yonge St Unit 106
North York, ON-M2N 6K7
Phone: 416-250-5460
Fax: 416-250-5461

Patient Name _____
Address: _____
Date of Birth: _____
PHIN: _____
Phone: _____

Or: _____ **Today's Date:** _____

Popular combinations:

- ☐ Magic mouthwash – diphenhydramine 0.075%, hydrocortisone 0.125%, nystatin 7500u/ml, lidocaine 0.4%
- ☐ Super Magic Mouthwash – diphenhydramine 0.125%, dexamethasone 0.00033%, tetracycline 1.25%, lidocaine 1%
- ☐ Tetracaine 0.5%, hydrocortisone 1%, clotrimazole 2%, sucralfate 15.6%
- ☐ Ketamine 0.03%, tetracaine 0.5%, sucralfate 15.6% (requires a duplicate Rx)
- ☐ Pink Lady - Xylocaine Viscous 2% : Maalox, 1:1
- ☐ Modified Pink Lady – Xylocaine Viscous 2% : Maalox: Benadryl Elixir, 1:1:1

OR

Check the Ingredient & Strength:					**Other Strength:**
☐	**Ketamine**	__0.03%	__0.4%	(requires a duplicate Rx)	_____%
☐	**Morphine**	__0.2%	__ 0.5%	(requires a duplicate Rx)	_____%
☐	**Gabapentin**	__6%			_____%
☐	**Lidocaine**	__0.4%	__1%	__2%	_____%
☐	**Tetracaine**	__0.5%	__1%		_____%
☐	**Diphenhydramine**	__0.075%	__0.125%	__0.2%	_____%
☐	**Hydrocortisone**	__0.125%%	__0.5%	__1%	_____%
☐	**Dexamethasone**	__0.00033%			_____%
☐	**Sucralfate**	__ 4%	__ 8%	__15.6%	_____%
☐	**Clotrimazole**	__ 2%			_____%
☐	**Nystatin**	__7500u/mL			_____u/mL
☐	**Tetracycline**	__1.25%			_____%
☐	**Misoprostol**	__0.0024%			_____%
☐	**Additional Ingredients:**	_____	_____%	_____	_____%

Directions: Swish and spit 10-15mL or _____mL q 2-3 hours or _____(frequency) as needed.

OR

Swish and swallow ____ ml _____ (frequency) as needed.
(consider systemic effects when determing volume and frequency if swallowing)

Mucolox Base: Swish and spit 5ml BID to QID as needed.
Swish and swallow 5 – 10ml BID to QID as needed.

Mitte: _____mL **Refill x** _____

Physician Name (Print): _____
Address: _____
Phone: _____
Signature: _____