**COMPOUNDED PREPARATIONS FOR DENTISTRY**

**Guest Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DOB** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex** M or F

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Ph #**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical Conditions­** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **MEDICATION** | **INDICATION** | **DIRECTIONS** | **QTY** | **REFILLS** |
| **MgCl 10%/BPC-157 0.01%** Topical Cream | TMJ/Migraines | Apply a small amount to trigger points 2-3 times daily PRN | 30 gms |  |
| **Salicylic Acid 0.3%** Mouthwash | Burning Mouth Syndrome | Gently rinse 5ml daily in mouth for 1-2 minutes then spit out  | 150 ml |  |
| **Magic Mouthwash:**Nystatin 7,500 units/ml /hydrocortisone 0.125% /diphenhydramine 0.075% /lidocaine 0.4% | Oral Mucositis | Gently swish \_\_\_\_ ml in mouth for 1-2 minutes then spit out, \_\_\_\_\_ times per day | **CIRCLEONE:**240ml400ml |  |
| **Zinc Sulfate 0.2%** Mouthwash | Oral Mucositis | Rinse mouth with 10ml twice daily for 2 weeks | 300 ml |  |
| **Nystatin** **500,000 IU/cap**(sugar free, dye free, paraben free)\*\*Note: *Commercially available Nystatin contains sugar* | Candidiasis, Leaky Gut | **CIRCLE ONE:****1 month regimen:**Take 1 cap PO TID with meals x 2 weeks, then take 2 caps PO TID with meals x 2 weeks**2-month regimen:**Take 1 cap PO TID with meals x 2 weeks, then take 2 caps PO TID with meals thereafter**3-month regimen:**Take 1 cap PO TID with meals x 2 weeks, then take 2 caps PO TID with meals thereafter | 126 caps180 caps180 caps | 0 RF1 RF2 RF |
| **Nystatin 100,000 IU/mL suspension**(sugar free, dye free, paraben free) | Candidiasis, Oral Thrush | Swish and swallow (or) spit 5mL (1 teaspoon) four times daily | **CIRCLE ONE:**450 ml600 ml |  |
| **Fluconazole** 100 mg tab(not compounded) | Candidiasis, Leaky Gut | Take 1 tablet PO QD for 7 days after one month of Nystatin | 7 |  |

**Clinical Reason for Use: \*** Hypoallergenic formulation; dye and sugar-free / \*\* Patient needs paraben-free and saccharin-free formulation

**Physician Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Date Written \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEA # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NPI # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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