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Please Fax This Completed Form to **615-891-7393**

DENTISTRY

ANY OF THESE MEDICATIONS CAN BE MODIFIED TO YOUR PREFERENCE

MEDICATION	FORMS	ACTIONS/USES	QUANTITY
() Dyclonine 1% (Tutti-Frutti or Tropical Punch)	Solution	Gargle for anesthesia, pre-injection, block gag-reflex	120ml ea
() Lidocaine 10%/Prilocaine 10%/ Tetracaine 4%	Gel	Anesthetize crown and gum	100gm
() Polyphenol Sulfonic Acid (formerly Negatan, Negatrol)	Solution	Aphthous ulcer/canker sore	4ml
() Magic Mouth Wash (Tetracycline ___mg/ml, Nystatin ___u/ml, Diphenhydramine ___mg/ml, Maalox ___ml, Lidocaine ___%, Hydrocortisone ___mg/ml, other _____)	Suspension	Mouth wash for irritation/infection	480ml
() Tetracycline 3%	Ointment	Dental implants	30gm
() Metronidazole 25% +/- Minocycline 0.8%	Gel	Dental gel	20gm
() Meperidine 25 mg/5ml + promethazine 12.5 mg/5ml (good for children)	Syrup	Pre-op, pre-surgery anesthesia	60ml
() Carbamide Peroxide 16%	Gel	Teeth whitening	60gm
() Sargenti's	Powder	Root canal paste	60ml
() Eugenol	Oil	To be used with Sargenti's	60ml
() Tetracaine 1%	Lollipop	Local anesthesia	1ea
() Ketoprofen 20%/Lidocaine 10%/ Gabapentin 6%/Cyclobenzaprine 1%	Transdermal	TMJ pain	30gm / 60gm
() Promethazine 25 mg/ml	Cream	Nausea	10 – 15 ml
() Ondansetron 4mg/0.1ml	Cream	Nausea	10 – 15 ml
() Tranexamic Acid 4.8%	Solution	Hemostatic	100ml
() Metronidazole 45.5%/ Ciprofloxacin 45.5%/Minocycline 9% (3 mix MP)	Paste	Periodontal Treatment	30gm
() Benzocaine 25%	Gel	Dry Socket	30gm
() Other _____			

Direction for use or OFFICE USE: _____ Refills: _____

Comments: _____

Doctor's Name _____ Doctor's Signature _____

Doctor's Address _____ Doctor's Phone # _____

Patient's Name _____ Patient's Phone # _____