



Magic Mouthwash
by undefined health

Fax this form to Undefined Pharmacy:

Undefined Pharmacy
266 King George Road, Suite C-2
Warren, NJ 07059
NPI: 1386425270
Fax: 908-409-9977

Patient Enrollment & Prescription Form

Patient Information

Patient Name (First, MI, Last): _____

Patient DOB (MM/DD/YYYY): ___/___/_____

Patient Gender: Male Female

Patient Address: _____

Patient City: _____

Patient State: _____ Patient Zip: _____

Patient Phone: _____

Clinical Information

Patient Allergies: No Known Allergies Yes: _____

Other Medications: _____

Prescriber Information

Prescriber Name (First, MI, Last): _____

Prescriber NPI: _____

Prescriber License #: _____

Practice Address: _____

Practice City: _____

Practice State: _____ Practice Zip: _____

Practice Phone: _____

Practice Fax: _____

Office Contact: _____

Prescription Information

Product: Magic Mouthwash 3 - 1:1:1 Viscous Lidocaine 2% + Diphenhydramine 12.5mg/5mL Elixir + Alumina, Magnesia, and Simethicone Oral Susp. USP
 Magic Mouthwash 5 - 1:1:1:1 Viscous Lidocaine 2% + Diphenhydramine 12.5mg/5mL Elixir + Alumina, Magnesia, and Simethicone Oral Susp. USP + Nystatin Oral Susp. 100,000 U/mL + Dexamethasone 0.5mg/5mL Elixir
 Magic Mouthwash Custom: _____

Sig: Swish, gargle, and spit 1 to 2 teaspoons every 4 to 6 hours as needed for pain
 Swish, gargle, and swallow 1 to 2 teaspoons every 4 to 6 hours as needed for pain
 Other: _____

Quantity: 120mL (4oz) 240mL (8oz) Other: _____ Refills: PRN Other: _____

Prescriber Signature: _____ Date: _____

Note: This form must be faxed by a prescriber and not a patient