WEST END PHARMACY

101 Tara Commons Drive Suite 100
Loganville, GA 30052
Phone - 470-220-7232
Fax - 470-220-7233

Patient Name : _____

DOB: _____ Patient Phone Number:_____

Address: _____

Magic Mouth Wash:

Lidocaine 2% Oral Viscous Solution (**quantity** _____)	Tetracycline 500mg Capsule (**quantity** _____)
Mylanta or Maalox antacid (**quantity** _____)	Doxycycline 100mg Capsule (**quantity** _____)
Benadryl 12.5mg/5ml (**quantity** _____)	Other : _____ (**quantity** _____)
Nystatin 100,000 units/ml Suspension (**quantity** _____)	
Dexamethasone 0.5 mg/5ml Oral (**quantity** _____)	

Total Quantity: _____ Refill: _____

Direction: _____

Prescriber Name:_____

DEA or NPI: -_____ Date: _____

Prescriber Signature: _____