DENTAL ANAESTHETIC

Prescriber:		Patient:	DOB:
Address:		Phone:	Sex:
		Address:	
City:	State: Zip:		
Phone:	Fax:	City:	State: Zip:
DEA:	NPI:	Email:	
Allergies:			

GEL | DENTAL ANAESTHETIC

PFG GEL	QUANTITY	DOSING AND REGIMEN	REFILLS
☐ **PFG STANDARD** LIDOCAINE/PRILOCAINE/ TETRACAINE 10%/10%/4%	☐ 30 GRAMS	☐ APPLY TO AFFECTED AREA. RINSE OFF WITHIN 3 MINUTES. FOR ORAL TOPICAL USE ONLY.	0 ◯ 1 ◯ 2 ◯ 3 ◯ 4 ◯ 5 ◯ 6 ◯ 7 ◯ 8 ◯ 9 ◯ 10 ◯ 11 ◯
☐ **PFG THICKENED** LIDOCAINE/PRILOCAINE/ TETRACAINE 10%/10%/4%		**FLAVORS (DYE-FREE)**	
☐ **PFP STANDARD** LIDOCAINE/PRILOCAINE/ TETRACAINE/PHENYLEPHRINE 10%/10%/4%/2%	☐ 60 GRAMS	☐ MINT ☐ STRAWBERRY	

Comments:

PRESCRIBER:

Signature: _____ Date: ☐☐☐