



ILLINOIS COMPOUNDING PHARMACY

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DENTAL COMPOUNDING



PATIENT INFORMATION SECTION			PRESCRIBER INFORMATION SECTION		
Patient Name:			Prescriber Name:		
Address:			DEA:	NPI:	
City:	State:	Zip:	City:	State:	Zip:
Phone:		Allergies:	Phone:	Fax:	

PERIODONTAL TREATMENT	DRY MOUTH
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<input type="checkbox"/> Metronidazole 25% Dental Gel <input type="checkbox"/> Minocycline HCl 2% Periodontal Gel <input type="checkbox"/> Metronidazole 45.5%/Ciprofloxacin HCl 45.5%/Minocycline HCl 9% Dental Paste (3 Mix MP)	<input type="checkbox"/> Hydrogen Peroxide 15 mg/mL Oral Gel <input type="checkbox"/> Pilocarpine Hydrochloride 5 mg Sorbitol Lollipop Base <input type="checkbox"/> Pilocarpine HCl 2 mg Base A Troche <input type="checkbox"/> Electrolyte Base A Troche
	<input type="checkbox"/> Pilocarpine 10 mg/mL Oral Spray <input type="checkbox"/> Saline/Glycerine Oral Suspension

TEMPOROMANDIBULAR JOINT DISORDER (TMJ)	BURNING MOUTH SYNDROME
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<input type="checkbox"/> Tranexamic Acid 4.8% Oral Rinse <input type="checkbox"/> Ketoprofen 5%/Cyclobenzaprine HCl 0.5%/Lidocaine HCl 5%/Bupivacaine HCl 1% Topical Lipoderm® <input type="checkbox"/> Ketoprofen 10%/Cyclobenzaprine HCl 2% Topical Lipoderm® <input type="checkbox"/> Potassium Chloride 6%/Potassium Citrate 6%/Potassium Nitrate 6% Topical Gel	<input type="checkbox"/> Salicylic Acid 0.3% Mouthwash <input type="checkbox"/> Salicylic Acid 0.3% Mouthwash, Alternate <input type="checkbox"/> Amitriptyline HCl 2%/Gabapentin 6%/Lidocaine HCl 0.5% Oral Rinse
	<input type="checkbox"/> Capsaicin 0.25 mg Base A Troche

ANGULAR CHEILITIS/ANGULAR CHELOSIS	ANESTHETIC
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<input type="checkbox"/> Miconazole 2%/Ibuprofen 1%/Tea Tree Oil 1% Topical Cream <input type="checkbox"/> Clotrimazole 2%/Ibuprofen 2%/Tea Tree Oil 5% Topical Cream	<input type="checkbox"/> Lidocaine HCl 20%/Tetracaine HCl 4%/Phenylephrine HCl 2% Dental Gel <input type="checkbox"/> Lidocaine HCl 10%/Phenylephrine HCl 2%/Prilocaine HCl 10%/Tetracaine HCl 4% Dental Gel <input type="checkbox"/> Tetracaine HCl 0.5% Sorbitol Lollipop Base
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ORAL LICHEN PLANUS	ANTI-GAG REFLEX
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<input type="checkbox"/> Tretinoin 0.1%/Clobetasol Propionate 0.05% Oral Rinse <input type="checkbox"/> Tretinoin 1 mg/Clobetasol Propionate 0.5% Polyglycol Troche <input type="checkbox"/> Triamcinolone 0.1% Oral Rinse (PF) <input type="checkbox"/> Tretinoin 0.1%/Clobetasol Propionate 0.05% Oral Adhesive Paste <input type="checkbox"/> Tretinoin 0.1%/Clobetasol Propionate 0.05% Oral Polyox Bandage	<input type="checkbox"/> Electrolyte Polyglycol Troche Base Lollipop <input type="checkbox"/> Tetracaine HCl 0.5% Sorbitol Lollipop Base
	<input type="checkbox"/> Electrolyte Base A Troche

THRUSH (ORAL CANDIDA)	ROOT CANAL
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<input type="checkbox"/> Amphotericin B 1-- mg Gelatin Troche <input type="checkbox"/> Amphotericin B 1-- mg/mL Oral Suspension	<input type="checkbox"/> EDTA 17% Dental Solution <input type="checkbox"/> Edetate Disodium Dihydrate 15%/Carbamide Peroxide 10% Dental Cream <input type="checkbox"/> Nitrofurazone 0.2%/Sulfadiazine Sodium 5% Dental Solution
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ALCOHOL-FREE CHLORHEXIDINE	MOUTH ULCERS
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<input type="checkbox"/> Chlorhexidine 0.12% Oral Rinse <input type="checkbox"/> Chlorhexidine Gluconate 0.2% Oral Rinse, Alternate	<input type="checkbox"/> Tetracycline HCl 125 mg/Nystatin 60417 units/Diphenhydramine HCl 12.5 mg/Hydrocortisone 2.3 mg Base A Troche <input type="checkbox"/> Misoprostol 0.0024%/Diphenhydramine HCl 0.1%/Compound Oral Rinse (Radiation Burn Mouth Rinse) <input type="checkbox"/> Morphine Sulfate 2% Oral Rinse <input type="checkbox"/> Triamcinolone in Oral Adhesive Paste
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HERPES	DRY SOCKETS
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<input type="checkbox"/> Acyclovir 2%/Deoxy-D-Glucose (2) 0.2% Lip Balm <input type="checkbox"/> Acyclovir 5%/Lidocaine 1% Lip Balm <input type="checkbox"/> Acyclovir 10% Flavored Lip Ointment	<input type="checkbox"/> Benzocaine 25% Compound Dental Gel <input type="checkbox"/> Benzocaine Compound Ointment <input type="checkbox"/> Benzocaine/Eugenol Dressing <input type="checkbox"/> Benzocaine 16.7% Dry Socket Paste <input type="checkbox"/> Benzocaine Compound Socket Paste <input type="checkbox"/> Lidocaine HCl 15%/Prednisolone 0.5%/Compound Eugenol Socket Liquid
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HALITOSIS	ANESTHETIC (NON-CAINE)
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<input type="checkbox"/> Chlorophyllin 0.2% Mouthwash <input type="checkbox"/> Sodium Hypochlorite 0.1% Mouthwash	<input type="checkbox"/> Dyclonine HCl 1% Oral Dental Solution <input type="checkbox"/> Dyclonine HCl 1% Oral Gel
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Other: _____	SIG: _____	Dispense: _____	Refills: _____
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Send to Patient Send to Office Send to Patient Send to Office



HOW TO SEND

1. Call in a prescription: (847)603-1034
2. Email prescription: ILcompoundingRx@gmail.com
3. Fax prescription: (847)232-7425
4. Upload the completed prescription order form to our website: <https://illinoiscompoundingpharmacy.com/upload-prescription>
5. Send Electronic ERX

DATE

Ready to Experience Personalized Care?

Take the next step toward better health with Illinois Compounding Pharmacy. Whether you're looking for custom medications, expert advice, or convenient delivery options, we're here to help

Disclaimer: Illinois Compounding Pharmacy, Inc. is a 503A licensed compounding pharmacy that customizes medications to meet unique patient and prescriber needs. The FDA allows compounding when commercial drugs are in shortage or the patient is required to take a compounded drug because they will benefit from it. Compounding a product because it is cheaper than a commercial product is not allowed. Our pharmacy does not compound copies of commercially available products unless allowed by the FDA (ie FDA shortage list, allergies, palatability, etc.