

**U Save It Pharmacy - Peach Valley**

2310 Chesnee Hwy,

Spartanburg, SC 29303

P: 864-577-0087 F:864-577-0599

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

**Mouth Ulcers or Mucositis:**

- Dexamethasone 0.5mg/5ml Oral Rinse
- Lidocaine HCL 2% Oral Rinse
- Misoprostol 0.0024%/ Diphenhydramine HCL 0.1%/ Lidocaine HCL1% Oral Rinse
- Misoprostol 0.0024%/ Ketoconazole 1% Oral Rinse
- Dexamethasone 3.3mcg/ml/ Tetracycline HCL 13.5mg/ml/ Nystatin 16,667 U/ml/ Diphenhydramine HCL 1.25mg/ml Mouthwash
- Other: \_\_\_\_\_

**Dry Mouth:**

- Pilocarpine HCL 10mg/ml Oral Drops
- Pilocarpine HCL 2mg Troche
- Xylitol 10% Oral Rinse
- Malic Acid 1% Oral Spray
- Other: \_\_\_\_\_

**Burning Mouth Syndrome:**

- Doxepin HCL 0.5% Mouthwash
- Amitriptyline HCL 2%/ Gabapentin 6%/ Lidocaine HCL 0.5% Oral Rinse
- Ketamine HCL 3%/ Amitriptyline HCL 2%/ Gabapentin 6%/ Lidocaine HCL 0.5% Oral Rinse

**Angular Chelitis/ Chelosis:**

- Clotrimazole 2%/ Ibuprofen 2%/ Tea Tree Oil 1% Topical Gel
- Mupirocin 2%/ Nystatin 30,000 U/GM/ Lidocaine 1% Topical Oint

Cyclosporine 1% Oral Rinse

Other: \_\_\_\_\_

**Oral Lichen Planus:**

- Tacrolimus 0.03% Oral Rinse
- Tretinoin 0.1%/ Clobetasol Propionate 0.05% Oral Rinse
- Triamcinolone 0.1% Oral Adhesive Paste
- Other: \_\_\_\_\_

**Oral Candida:**

- Nystatin 100,000 U/ML Oral Suspension
- Clotrimazole 1% Oral Rinse
- Other: \_\_\_\_\_

**Oral Herpes/ Viral Infection:**

- Acyclovir 5%/ Lidocaine HCL 1%/ Deoxy-D-Glucose (2) 2% Oral Rinse
- Acyclovir 2%/ Deoxy-D-Glucose (2) 2% Lip Balm
- Acyclovir 10% Flavored Lip Ointment
- Acyclovir 2%/ Deoxy-D-Glucose (2) 0.2% Oral Polyox Bandage
- Other: \_\_\_\_\_

**Nausea:**

- Promethazine 12.5mg/Gm Topical
- Promethazine 25mg/Gm Topical
- Other: \_\_\_\_\_

**Our drugs can be compounded with varying degrees of strength. You may write in your request under "Other"**

**Customized Script below.**

**QTY:** \_\_\_\_\_

**REFILLS:** \_\_\_\_\_

**SIG:** \_\_\_\_\_

Other Customized Script: \_\_\_\_\_

Doctor Name (Printed): \_\_\_\_\_ DEA: \_\_\_\_\_ Phone: \_\_\_\_\_

Dispense as Written

Substitution Permitted