



Northwest Compounding

8505 SW Creekside Place Suite 110, Beaverton, OR 97008
www.northwestcompounding.com | info@northwestcompounding.com
P: 503-352-3811 | F: 503-624-0591

Compounded Formulas for Burning Mouth Syndrome Rx Template

Patient's Name: _____ DOB: _____

Patient's Address: _____ City: _____ State _____, Zip: _____

Patient's Phone: _____ Drug Allergies: _____

Formulation Selection (choose one by checking the corresponding box)

- ☐ Amitriptyline HCl 2%-Gabapentin 6%-Lidocaine HCl 0.5% Oral Rinse
- ☐ Diphenhydramine 12.5mg/5mL-Lidocaine 2%-Antacid 1:1:1 Oral Rinse
- ☐ Doxepin HCl 0.5% Oral Rinse
- ☐ Amitriptyline HCl 2%-Gabapentin 6%-3%-Lidocaine HCl 0.5% Oral Rinse
- ☐ Add pharmaceutical agent / strength.: _____ (write-in)
i.e. Ketamine 0.4%, Dexamethasone 0.01%

Quantity Selection (choose a dispense quantity by checking the corresponding box)

- ☐ 120mL ☐ 240mL ☐ 480mL ☐ _____ mL

Directions for Use (Choose pre-worded directions below or manually enter directions for use)

- ☐ Gargle and swish 5mL for 30-60 seconds, then spit. Perform up to 4 times daily. Do not swallow medication
- ☐ _____

Refills? ☐ Refill _____ time(s) ☐ No Refills

Prescriber's Name: _____ Date: _____

Prescriber's Street Address: _____ City: _____ State: _____ Zip: _____

Prescriber's Phone Number: _____ Name of person submitting order: _____

Fax completed forms to (503)-624-0591 or email them to info@northwestcompounding.com