



Northwest Compounding

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Compounded Formulas for Mouth Ulcers or Mucositis 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)

- ☐ Dexamethasone 0.5mg/5mL SF in MucoLox™ Oral Rinse
- ☐ Dexamethasone 0.5mg/5mL-Lidocaine 2% SF in MucoLox™ Oral Rinse
- ☐ Doxepin HCl 0.5% Oral Rinse
- ☐ Misoprostol 0.0024%-Diphenhydramine HCl 0.1%-Lidocaine HCl 1% Oral Rinse

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 every 4 hours as needed. 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