

	Date		Date of Birth
Patient Name	Telephone		
Patient Address			
Email Address	Allergies		

Shipping	Next Day Air \$30		2 nd Day Air \$18		Ground \$11		Sat Delivery \$50
Ship to	Clinic		Patient	<input type="checkbox"/>	Patient	<input type="checkbox"/>	FACILITY

NOTE: All orders are set by default to shipping with signature required. By marking the box in this section and declining the signature, the recipient of the goods assumes all responsibility in case of theft, damage and/or loss **Signature Required Fee By Fedex is \$3 extra..**
 DECLINE SIGNATURE →

Patient/Clinic has the option to request shipping insurance in case Shipping Company damages/destroys package. AHRX not responsible for packages destroyed by Carrier. Please Initial box to request insurance.

Credit Card Number	Expiration	CVV
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Description	Size	Qty	Directions
TRI-CAINE DENTAL GEL <small>Lidocaine HCl 10%, Prilocaine HCl 10%, Tetracaine HCl 4%</small>	30gr 60gr 100gr		
Z4 DENTAL GEL <small>Lidocaine HCl 10%, Prilocaine HCl 10%, Tetracaine HCl 4%, Phenylephrine 2%</small>	30gr 60gr 100gr		
PFG LITE COMPOUNDED GEL <small>Prilocaine HCl 5%, Lidocaine HCl 5%, Tetracaine HCl 2%</small>	30gr 60gr 100gr		
LIDOCAINE VISCOUS 2%	100gr		
MAGIC MOUTHWASH <small>Viscous lidocaine 2% / Mylanta / diphenhydramine 12.5 mg per 5 ml elixir / nystatin 100,000U suspension / prednisolone 15mg per 5ml solution / distilled water</small>	240 ML		
MAGIC MOUTHWASH "BMX" <small>Viscous lidocaine 2% / Maalox / diphenhydramine 12.5 mg per 5 ml elixir</small>	240 ML		

Physician's Name		Signature	
State License Number		Phone	
DEA License Number		Fax	
Email			
Facility Name			
Facility Address, City, State, Zip			