



Dental Medication Order Form

Fax to: (866) 964-0095

v.1_Dental 7_08

DATE _____

Client Information

Dentist Name		
Shipping Address		
City	State	Zip
Phone	Fax	
Email	License Number	
Office Contact		

Medications

Item	Qty	Size (circle)	Price
TAC Alternate Dentale™ Anesthetic Gel	<input type="checkbox"/>	Blue	\$ 36.00 _____
Lidocaine 20%; Tetracaine 4%, Phenylephrine 2% 18ml metered-dose pump		Green (thick)	\$ 38.00 _____
Profound Alternate Dentale™ Anesthetic Gel	<input type="checkbox"/>	Blue	\$ 45.00 _____
Lidocaine HCl 10%; Prilocaine HCl 10%; Tetracaine HCl 4% 18ml metered-dose pump		Green (thick)	\$ 46.00 _____
Polyphenol Sulfonic Acid 45%	<input type="checkbox"/>	5mL	\$ 50.00 _____
Oxytetracycline 0.5%/Hydrocortisone 1.5% Susp (former TerraCortril formula)	<input type="checkbox"/>	5mL	\$ 45.00 _____
		15mL	\$ 75.00 _____
Dyclonine 0.5% Solution		480mL	\$ 95.00 _____
		960mL	\$ 160.00 _____
Dyclonine 1% Solution	<input type="checkbox"/>	480mL	\$ 100.00 _____
		960mL	\$ 175.00 _____
Custom Request:			Subtotal
			UPS* \$9.25
			Total

Billing Information

Payment	Credit Card	COD
Cardholder:		
Card#	Exp.	

*Orders will ship UPS Ground unless otherwise specified

262 Cottage Street; Suite 116 * Littleton, NH 03561
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