



Clayton Central Pharmacy

Compounding services

Compounding Prescription Order Form

Dentist Name: _____

Prescriber Number: _____

Prescriber Address: _____

Patient Name: _____

Patient Address: _____

Excessive Bleeding

Tranexamic Acid 4.8% Mouthwash 100mL 10mL qid \$50,00

Ulcerative Stomatitis/apthous ulcer/ oral mucosatitis

Dexamethasone 0.5mg/5mL 100mL 10mL qid \$30,00

Pre Injection

Pre Injection Gel 10% 30g (Dentist only) prn \$30,00

Pre Injection Gel 20% 30g (Dentist only) prn \$55,00

Post Procedure OR Aphthous Ulcer

Lidocaine 5% PLO Gel (over 6kg) prn \$15,00

Lidocaine 2% Oleabase (under 6kg) prn \$15,00

Dry Mouth

Pilocarpine 2.5mg lozenge Qty: 30 1 d \$35,00

Pilocarpine 5mg lozenge Qty: 30 1 d \$55,00

Chronic Craniomandibular Pain/TMJ disorder

10% Ketoprofen, 7% Amitriptyline,
5% Lignocaine 50g tds \$65,00

Burning Mouth Syndrome

Capsaicin 0.05%, Lidocaine 6% Paste 15g \$35,00

Other (please specify)

Prescriber Signature: _____

Date: _____

Please bring this prescription to:

Clayton Central Pharmacy

PharmaSave Clayton

373A Clayton Road, Clayton, Victoria, 3168

Phone number: (03) 9544 3644

Fax number: (03) 9544 0124

