



678 WYCKOFF AVE
 WYCKOFF NJ 07481
 P 201 891 3334
 F 201 891 1312

ENT ORDER FORM

PATIENT INFORMATION		
FIRST NAME:	LAST NAME:	
PRIMARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK	SECONDARY PHONE #: <input type="radio"/> CELL <input type="radio"/> HOME <input type="radio"/> WORK	
ADDRESS:	CITY, STATE, ZIP:	ALLERGIES:

MEDICATIONS

- | | | |
|--|--|--|
| <input type="checkbox"/> Amitriptyline / Gabapentin / Lidocaine - Oral Rinse | 2% / 6% / 0.5% | <input type="radio"/> 150 ml
<input type="radio"/> _____ |
| <input type="checkbox"/> Betahistine - Capsule | <input type="radio"/> 8mg
<input type="radio"/> 16mg
<input type="radio"/> 24mg | <input type="radio"/> 30
<input type="radio"/> 60
<input type="radio"/> 120
<input type="radio"/> _____ |
| <input type="checkbox"/> Budesonide Viscous - Oral Solution | <input type="radio"/> 0.5mg / 10ml
<input type="radio"/> 1mg / 10ml
<input type="radio"/> 2mg / 20ml | <input type="radio"/> 150 ml
<input type="radio"/> _____ |
| <input type="checkbox"/> Doxepin - Mouthwash | 0.5% | <input type="radio"/> 150 ml
<input type="radio"/> _____ |
| <input type="checkbox"/> Lidocaine - Oral Spray | 4% | <input type="radio"/> 15 ml
<input type="radio"/> _____ |
| <input type="checkbox"/> Menthol - Oral Solution | 0.3% | <input type="radio"/> 15 ml
<input type="radio"/> _____ |
| <input type="checkbox"/> Tetracaine - Oral Spray | 0.5% | <input type="radio"/> 15 ml
<input type="radio"/> _____ |

Refills: 1 2 3 4 5 6 PRN NR SIG: _____

WRITE PRESCRIPTION / ADDITIONAL COMMENTS

DOCTOR	PHONE	NPI #	DEA #
OFFICE MANAGER	PHONE	OFFICE FAX	OFFICE Email
SIGNATURE	DATE (Month / Day / Year)		
	_____/_____/_____		<b style="color: #0099cc;">FAX TO 201-891-1312 email to: orders@yourlifefx.com