



TOWN & COUNTRY  
compounding | consultation

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Ridgewood, NJ 07450  
phone: 201-447-2020

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EMAIL to: **pharmacist@tccompound.com**

website: www.tccompound.com



<b>PATIENT INFO</b>	Patient	Phone	
	Address	Date of birth	
	City	State	Zip
	Known allergies		

Item		Cost per unit	Quantity	Total
<b>Perio Gel®</b> (Branded Hydrogen Peroxide Gel 1.7%) 3 oz (85 Gm) Oral debriding agent / oral wound cleanser	Sig: Apply to prescription tray as directed.	1 to 5 tubes	\$23	
		6 or more tubes	\$20	
<b>Vibramycin Syrup</b> (Doxycycline 50 mg / 5 ml)	Sig: Apply to prescription tray as directed.	30 ml	\$49	
		60 ml	\$92	
Shipping & handling				5.00
<b>TOTAL</b>				

Prices subject to change.

May be refilled until:  May be refilled  times.

Doctor's signature  Date

Send to PATIENT  Send to CLINIC

**Please complete form to avoid delays.**

<b>DENTAL OFFICE</b>	Doctor's name (PLEASE PRINT)		
	Dental office address		
	City	State	Zip
	Office phone	Office fax	

<b>PAYMENT</b>	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
	Credit card number	Expiration	Security code
	Name on credit card		

Would you like us to keep your credit card on file for future orders?  Yes  No. I will call in payment each time.

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This prescription can be filled at the pharmacy of your choice.