



MYCELIUM PHARMACY

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Patient Name: _____ Phone #: _____ DOB: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Allergies: _____

Prescriber Name: _____ NPI: _____ DEA: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ Fax #: _____ Date: _____

Prescribers: Please select the compound(s) of your choice and follow steps 1-4 within each compound box by checking the appropriate box for strength, quantity, writing out the SIG (directions for use) with allowable refills, and your signature and date at the bottom.

ANESTHETICS

BLT Cream (Benzocaine/Lidocaine/Tetracaine)
Step 1: Choose strength: 20%/10%/4% 20%/10%/10% Custom strength: _____
Step 2: Choose quantity: 30g 60g 90g 100g 200g 400g Other _____
Optional Step 3: Add in: Phenylephrine 1% Phenylephrine 2%
Step 4: SIG: _____ Refills: _____

BLT Ointment (Benzocaine/Lidocaine/Tetracaine)
Step 1: Choose strength: 20%/10%/4% 20%/10%/10% Custom strength: _____
Step 2: Choose quantity: 30g 60g 90g 100g 200g 400g Other _____
Optional Step 3: Add in: Phenylephrine 1% Phenylephrine 2%
Step 4: SIG: _____ Refills: _____

Lidocaine 23%/Tetracaine 7% Ointment
Step 1: Choose strength if different than 23%/7%: Custom strength: _____
Step 2: Choose quantity: 30g 60g 90g 100g 200g 400g Other _____
Optional Step 3: Add in: Phenylephrine 1% Phenylephrine 2%
Step 4: SIG: _____ Refills: _____

Prescriber's Signature: _____
 Date: _____