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### TAC 20% TOPICAL ANESTHETIC GEL ORDER FORM

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME D.D.S. \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PHONE(     ) \_\_\_\_\_ FAX(     ) \_\_\_\_\_

DEA# \_\_\_\_\_ STATE LIC.# \_\_\_\_\_

CREDIT CARD NO. \_\_\_\_\_ EXP. \_\_\_\_\_

#### TAC 20% ANESTHETIC GEL

LIDOCAINE 20%, TETRACAINE 4%, PHENYLEPHRINE 2%

Qty. \_\_\_\_ 30gm     COST \$40             Qty. \_\_\_\_ 60gm             COST \$80

SHIPPING \$ 4.95                     TOTAL \_\_\_\_\_