



551 West High Avenue
New Philadelphia, Ohio 44663
Pharmacy 330-339-4466
www.medshoprx.com

MEDICINE
CENTER
PHARMACY

Fax to: 330-339-9007

PATIENT INFORMATION			
Patient		Date of birth	Phone
Address		Known allergies:	
City	State	Zip	

ITEM		QUANTITY	COST	TOTAL
Periogel® (Branded Hydrogen Peroxide Gel 1.7%) Oral debriding agent / oral wound cleanser 3 oz (85 gm)	Sig: Apply to prescription tray as directed.	<input type="checkbox"/> 1 tube	\$25	
		<input type="checkbox"/> 2 tubes	\$47	
		<input type="checkbox"/> 3 tubes	\$68	
		<input type="checkbox"/> 4 tubes	\$86	
		<input type="checkbox"/> 5 tubes	\$102	
PeriogelX® (Branded Hydrogen Peroxide Gel 1.7% with Xylitol) Oral debriding agent / oral wound cleanser 3 oz (85 gm)	Sig: Apply to prescription tray as directed.	<input type="checkbox"/> 1 tube	\$27	
		<input type="checkbox"/> 2 tubes	\$51	
		<input type="checkbox"/> 3 tubes	\$74	
		<input type="checkbox"/> 4 tubes	\$93	
		<input type="checkbox"/> 5 tubes	\$110	
Dye-Free Doxycycline Calcium Suspension* (Doxycycline 50 mg / 5 ml) 120 day shelf life	Sig: Apply to prescription tray as directed.	<input type="checkbox"/> 15 ml	\$31	
		<input type="checkbox"/> 30 ml	\$50	
		<input type="checkbox"/> 60 ml	\$77	
Periogel® Tube Squeeze		1	\$10	
Prices subject to change.		Shipping & handling		9.00
* Dye-Free Doxycycline can only be compounded for prescribers in Ohio		TOTAL		\$ 9.00

May be refilled until: May be refilled times.

Doctor's signature

Date

- ☐ Send to PATIENT
☐ Send to CLINIC

Please complete form to avoid delays.

PRACTICE	PAYMENT
Doctor's name (PLEASE PRINT)	Credit card number
Dental office address	EXP
City	Name on credit card
State	Security code
Zip	
Office phone	
Office fax	

Would you like us to keep your credit card on file for future orders?

- ☐ Yes ☐ No. I will call or fax in payment each time.

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