



Dental Office ORDER FORM

Dental Pulp Triple Antibiotic Paste

Under Prescription

DENTAL OFFICE & PATIENT DATA:

Office Name: _____
 *Patient Name: _____
 Prescriber Name: _____
 Prescriber Signature _____
 Street Address #1 _____
 Street Address #2 _____
 City/State/Zip _____/_____/_____
 NPI Number: _____
 Phone Number: _____
 Contact Name: _____
 Email: _____

*Due to State Pharmacy Compounding Regulations Patient Name is Required with full demographic information

SEND ORDERS BY:

FAX: (866) 354-6381

SCAN & EMAIL:
 coralville@nucara.com

PH: (877) 268-2272

NuCara Pharmacy
 1150 5th Street
 Suite 140
 Coralville, IA 52241

PH3i (Ciprofloxacin 10%, Metronidazole 30%, Clindamycin 30%, *Triiodomethane 30%)

*Make sure to assess the patient for an iodine allergy prior to use.
 This has been added to the formula to allow the product to be radio opaque upon x-ray

Single Kit/Application @ \$65.00/ea

Sub Total \$ _____



**For More information,
 Visit our website at
 www.PulpHealth.com**

Shipping/Handling: \$5.00

TOTAL: \$ _____

NAME: _____ DATE: _____

SIGNATURE: _____

CC#: _____

CC Type: _____ Exp Date: ____/____/____ Security #: _____

*Please feel free to call our office with this information at (877) 268-2272

PulpHEAL™ is available as a compounded medication exclusively from MedCara Pharmaceuticals and dispensed under contract by NuCara Pharmacy. PulpHEAL as a formulation has not been through FDA testing. PulpHEAL has been compounded under prescription from a licensed professional and is dispensed under prescription for a specific patient. MedCara Pharmaceuticals or NuCara does not make any claims, overt or implied, of the safety or effectiveness of the PulpHEAL compound. We refer only to references pertaining to peer reviewed medical publications and/or safety studies endorsed by the FDA.