

Please fill out all fields and fax the prescription to the pharmacy at 248-446-2643.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Credit card information is used to bill the prescription and ship it to the patient via the USPS. Patient may also call the pharmacy toll free at 866-446-2643 to provide credit card information or change shipping option.

**Please check the formulation you wish to be dispensed to your patient.**

**Original Formula**  
Tri-Caine LD a.k.a.  
Noel's Numbing Cream

30 gram jar  
Benzocaine 20%  
Lidocaine 4%  
Tetracaine 2%  
(In occlusive base)

OR

**Create Your Own Formula**

30 gram jar

Benzocaine \_\_\_\_\_ %  
Lidocaine \_\_\_\_\_ %  
Tetracaine \_\_\_\_\_ %  
Prilocaine \_\_\_\_\_ %

Base (Choose one)  
\_\_\_\_ Occlusive base (petrolatum)  
\_\_\_\_ Carbomer base (gel)  
\_\_\_\_ Deep penetrating base

Refills: \_\_\_\_\_

**Sig: Apply a small amount to the site of the procedure 15 minutes before the procedure. There is no need to cover the cream once it is applied.**

**Caution:** *Safety and efficacy of tetracaine have not been established for children less than 12 years of age. Benzocaine should not be used with children less than 12 years of age.*

MD: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ DEA: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**A portion of the proceeds from the sale of Noel's Creams will be donated to fund research of Port Wine Stains and Sturge-Weber Syndrome in honor and memory of Noel Gelfund.**

For more information please visit [www.specialty-medicine.com](http://www.specialty-medicine.com), [www.noelsnumbingcreams.com](http://www.noelsnumbingcreams.com), [www.birthmark.org](http://www.birthmark.org) and [www.sturge-weber.com](http://www.sturge-weber.com).