

|  |        |                                 |
|--|--------|---------------------------------|
| <b>PATIENT</b>   |        |                                 |
| Name:  |        | DOB:                            |
| Street Address:  |        |                                 |
| City:  | State: | Zip:                            |
| Phone:   | Email: |                                 |
| Medication Allergies:  |        |                                 |
| <b>PRESCRIPTION</b>  |        | <b>Quantity</b>                 |
| <input type="checkbox"/> Methylene Blue 0.05% Oral Rinse (Compounded)                    |        | <input type="checkbox"/> 240 mL |
| Directions: Rinse with 15 milliliters 2 times per day (swish and spit - do not swallow). |        |                                 |
| <b>DEVICE</b>  |        | <b>Quantity</b>                 |
| <input type="checkbox"/> DPL Oral Light Device   |        | <input type="checkbox"/> 1      |
| Directions: Use as directed in package instructions after methylene blue rinse.          |        |                                 |
| <b>PRESCRIBER</b>  |        |                                 |
| Name:  |        | Phone:                          |
| Street Address:  |        |                                 |
| City:  | State: | Zip:                            |
| Fax:   | Email: |                                 |
| State License #:   | NPI #: | DEA #:                          |

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