



# Dental Office ORDER FORM

Dental Pulp Revitalization Triple Antibiotic Paste

**Under Prescription**

## DENTAL OFFICE 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 5<sup>th</sup> Street  
 Suite 140  
 Coralville, IA 52241

## **PV3** (Ciprofloxacin 14%, Metronidazole 43%, Clindamycin 43%)

Single Kit @ \$60.00/ea Sub Total \$ \_\_\_\_\_



**For More information,  
 Visit our website at  
 www.PlupHealth.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

PulpVAZ™ is available as a compounded medication exclusively from MedCara Pharmaceuticals and dispensed under contract by NuCara Pharmacy. PulpVAZ as a formulation has not been through FDA testing. PulpVAZ 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 PulpVAZ compound. We refer only to references pertaining to peer reviewed medical publications and/or safety studies endorsed by the FDA.