

## SAMPLE DENTAL FORMULARY

ITEM #	# TO ORDER	ORDER SIZE	PRODUCT DESCRIPTION AS SUPPLIED
103248		10 PER TRAY	ACET W/HYDROCODONE 325/5MG 20 TAB CII *AMNEAL*
100145		10 PER TRAY	ACET W/HYDROCODONE 325/5MG 30 TAB CII *AMNEAL*
300638		EACH	ACET W/HYDROCODONE 325/5MG 100 TAB CII *AMNEAL*
101102		10 PER TRAY	ACET W/HYDROCODONE 325/7.5MG 15 TAB CII *WATSON*
100858		10 PER TRAY	ACET W/HYDROCODONE 325/7.5MG 30 TAB CII *WATSON*
108823		10 PER TRAY	ACETAMINOPHEN W/COD #3 (300MG/30MG) 12 TAB *AMNEAL*
108826		10 PER TRAY	ACETAMINOPHEN W/COD #3 (300MG/30MG) 20 TAB *AMNEAL*
304096		EACH	AMMONIA INHAL .33ML 12/BOX *X-GEN*
100602		10 PER TRAY	AMOXICILLIN 250MG 21 CAP *TEVA*
108892		10 PER TRAY	AMOXICILLIN 500MG 21 CAP *CITRON*
108890		10 PER TRAY	AMOXICILLIN 500MG 30 CAP *CITRON*
108746		10 PER TRAY	CEPHALEXIN 500MG 20 CAP *ASCEND*
306352		EACH	CHLORHEXIDINE GLUCONATE ORAL RINSE 0.12% 480ML *HI-TECH*
108800		10 PER TRAY	CIPROFLOXACIN 500MG 20 TAB *CARLSBAD*
104302		10 PER TRAY	CLINDAMYCIN HCL 150MG 4 CAP *LANNETT*
104303		10 PER TRAY	CLINDAMYCIN HCL 150MG 15 CAP *LANNETT*
104309		10 PER TRAY	CLINDAMYCIN HCL 150MG 42 CAP *LANNETT*
103057		10 PER TRAY	CLINDAMYCIN HCL 300MG 20 CAP *ACTAVIS*
104511		10 PER TRAY	CLINDAMYCIN HCL 300MG 28 CAP *ACTAVIS*
100903		10 PER TRAY	DEXAMETHASONE 0.75MG 20 TAB *ROXANE*
100423		10 PER TRAY	DEXAMETHASONE 4MG 6 TAB *ROXANE*
606914		EACH	DIPHENHYDRAMINE 50MG 1ML FTV EACH *WEST-WARD*
100353		10 PER TRAY	IBUPROFEN 600MG 20 TAB *AMNEAL*
101986		10 PER TRAY	IBUPROFEN 800MG 20 TAB *AMNEAL*
100140		10 PER TRAY	IBUPROFEN 800MG 30 TAB *AMNEAL* ^
103484		10 PER TRAY	IBUPROFEN W/HYDROCODONE 200/7.5MG 15 TAB CII *AMNEAL*
304533		EACH	INSTA-GLUCOSE LIQUID 31GM TUBE TRI-PACK
606640		EACH	LIDOCAINE 1% 10MG/ML 50ML MDV EACH *HOSPIRA*
300040		EACH	LIDOCAINE/PRILOCAINE 2.5% 30GM CREAM *HI-TECH*
102215		10 PER TRAY	LORAZEPAM 1MG 8 TAB *WATSON*
101366		10 PER TRAY	NAPROXEN SODIUM 550MG 30 TAB *AMNEAL*
103592		10 PER TRAY	NAPROXEN SODIUM 550MG 60 TAB *AMNEAL*
303036		EACH	NITROSTAT 0.4MG SINGLES 25/BOTTLE *PFIZER*
104714		10 PER TRAY	PENICILLIN VK 500MG 30 TAB *DAVA*
304538		EACH	PREDNISONE 5MG 21 TAB DOSPAK *QUALITEST*
400200		EACH	PRESCRIPTION BAGS SMALL EACH #21 (3.5X1.5X10)
103061		10 PER TRAY	TRAMADOL HCL ACET 37.5/325MG 20 TAB *AMNEAL*
100081		10 PER TRAY	TRIAZOLAM 0.25MG 2 TAB *GREENSTONE*