

SAMPLE DENTAL FORMULARY

ITEM	# TO ORDER	ORDER SIZE	PRODUCT DESCRIPTION AS SUPPLIED
101479		10 PER TRAY	ACET W/HYDROCODONE 500/5MG 12 TAB
101319		10 PER TRAY	ACETAMINOPHEN W/COD #3 12 TAB
100020		10 PER TRAY	AMOXICILLIN 500MG 30 CAPS
301265		EACH	BACITRACIN OINT 1OZ
100811		10 PER TRAY	CEPHALEXIN 500MG 40 CAP
606606		EACH	DEXAMETHASONE 4MG/ML 5ML INJ MDV
606620		EACH	DEXAMETHASONE 4MG/ML 30ML INJ MDV
100107		10 PER TRAY	DOXYCYCLINE 100MG 20 CAP
100645		10 PER TRAY	ERYTHROMYCIN DELAY 250MG 40 CAP
100705		10 PER TRAY	ERYTHROMYCIN STEAR 500MG 40 CAP
100717		10 PER TRAY	IBUPROFEN 600MG 10 TAB
100140		10 PER TRAY	IBUPROFEN 800MG 30 TAB
606640		EACH	LIDOCAINE 1% 50ML MDV
303048		EACH	LIDOCAINE VISC 2% 100ML
100565		10 PER TRAY	METRONIDAZOLE 500MG 30 TAB
100207		10 PER TRAY	PENICILLIN VK 500MG 40 TAB
100464		10 PER TRAY	PROMETHAZINE 25MG 10 TAB
606942		EACH	PROMETHAZINE 25MG 1ML AMP
606642		EACH	PROMETHAZINE 25MG 25X1ML AMP.
606003		EACH	VANCOMYCIN 1GM 20ML SDV