



Better Solutions. Better Care.

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Nicotine Lollipops

Date: _____

Patient's Name: _____

Address: _____

City: _____ State/Zip: _____

Phone : (____) _____ - _____

Milligram: _____ 2mg _____ 4 mg
(4mg recommended for pt's who have smoked 2 or more packs a day)

Quantity _____

Refills: 1 2 3 4 5 6 prn
(circle only one)

**All compounds for office use require a prescription written for each individual patient.
Medication will be dispensed with patient specific label and in patient specific package.**

Nicotine Lollipop

Nicotine Polacrilex in Sorbital Base with Stevia Extract as sweetener and flavoring.

Sig: Place lollipop in mouth when you have the urge to smoke. When urge is over, place lollipop back in container and reuse the next time you have the urge to smoke. One lollipop lasts 3-4 cigarette breaks.

Physician Name: _____

Address: _____

City: _____ State/Zip: _____

Phone: (____) _____ - _____

Physician Signature