National Pharmacy

RX FORM

Fax: (323) 851-4445
Phone: (323) 851-4444
medmixnow.com

PATIENT

Name:		DOB:
Street Address:		
City:	State:	Zip:
Phone:	Email:	
Medication Allergies:		

FORMULATIONS

Formulation	Qty Jars		
☐ Salicylic Acid 2%, Sulfacetamide 5%, Clindamycin 0.5% (Clear Face Pads) Directions for Use (*Required*):	☐ 1	☐ 2	☐ 3
☐ Hydroquinone 6%, Kojic Acid 4% Face Pads (Skin Lightening Pads) Directions for Use (*Required*):	☐ 1	☐ 2	☐ 3
☐ Glycolic Acid 1%, Salicylic Acid 1%, Lactic Acid 3% (Daily Facial Pads) Directions for Use (*Required*):	☐ 1	☐ 2	☐ 3
☐ Hydroquinone 2%, Kojic Acid 4%, Salicylic Acid 2% (Mild Lightening Pads) Directions for Use (*Required*):	☐ 1	☐ 2	☐ 3
Quantity of Prescriptions Checked: (*Required*) ☐ 1 ☐ 2 ☐ 3 ☐ 4			

PRESCRIBER

Name:		Phone:
Street Address:		
City:	State:	Zip:
Fax:	Email:	
State License #:	NPI #:	DEA #:

Prescriber Signature: _____ Date: _____