



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

Table with columns: Formulation, Size (30g, 60g, 90g). Rows include Hydroquinone 6% Cream, 8% Cream, and combinations with Retinoic Acid, Hydrocortisone, and Azelaic Acid. Includes a row for 'Quantity of Prescriptions Checked' with options 1-5.

PRESCRIBER

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

Prescriber Signature: _____ Date: _____