



RX FORM

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

**PATIENT**

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

FORMULATION	Quantity		
<input type="checkbox"/> Progesterone and Oxytocin Nasal Spray	<input type="checkbox"/> 15mL	<input type="checkbox"/> 30mL	
<input type="checkbox"/> Progesterone 20mg/mL Nasal Spray	<input type="checkbox"/> 15mL	<input type="checkbox"/> 30mL	
<input type="checkbox"/> Oxytocin (LA) 200 IU/mL Nasal Spray	<input type="checkbox"/> 15mL	<input type="checkbox"/> 30mL	
Directions ( <i>Required</i> ):			

**PRESCRIBER**

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

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_