



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

RX FORM

PATIENT

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

FORMULATIONS	Qty	Days Supply	Refills
<input type="checkbox"/> Neoplus Wound Care Gel - Medicare Formula ___ Collagenase-125 u/g ___ Phenytoin-10% ___ Urea-10% ___ Lidocaine-5% in Neosporin-3.5-400-5000 u/g cream base. Directions: Wash hands, clean area, then with a gauze pad, apply 1/2 tsp (=2.5g) to wound 1-2 times daily or as directed. May use more frequently if wound gets soiled. OK for pharmacist to use oral tablets/capsules for compounding.	540g	90 days	
<input type="checkbox"/> Neoplus Wound Care Gel - PPO Formula ___ Collagenase-125 u/g ___ Phenytoin-10% ___ Urea-10% ___ Lidocaine-5% in Neosporin-3.5-400-5000 u/g cream base. Directions: Wash hands, clean area, then with a gauze pad, apply 1/2 tsp (=2.5g) to wound 1-2 times daily or as directed. May use more frequently if wound gets soiled.	150g	30 days	

PRESCRIBER

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

Prescriber Signature: _____ Date: _____