



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	Size		
<input type="checkbox"/> Retinoic Acid 0.025%, Niacinamide 4% Cream Directions for Use ( <i>Required</i> ):	<input type="checkbox"/> 30g	<input type="checkbox"/> 60g	<input type="checkbox"/> 90g
<input type="checkbox"/> Retinoic Acid 0.05%, Niacinamide 4% Cream Directions for Use ( <i>Required</i> ):	<input type="checkbox"/> 30g	<input type="checkbox"/> 60g	<input type="checkbox"/> 90g
<input type="checkbox"/> Retinoic Acid 0.1%, Niacinamide 4% Cream Directions for Use ( <i>Required</i> ):	<input type="checkbox"/> 30g	<input type="checkbox"/> 60g	<input type="checkbox"/> 90g
Quantity of Prescriptions Checked: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 ( <i>Required</i> )			

**PRESCRIBER**

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

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