



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"/> Bupropion HCl 65mg, Caffeine 20mg, Oxytocin 100IU, Topiramate 15mg, Naltrexone HCl 8mg, Methylcobalamin 1mg	<input type="checkbox"/> #30 <input type="checkbox"/> #60 <input type="checkbox"/> #90
<input type="checkbox"/> Bupropion HCl 65mg, Oxytocin 100IU, Topiramate 15mg, Naltrexone HCl 8mg, Methylcobalamin 1mg	<input type="checkbox"/> #30 <input type="checkbox"/> #60 <input type="checkbox"/> #90
<input type="checkbox"/> Bupropion HCl 65mg, Metformin 250mg, Oxytocin 100IU, Topiramate 15mg, Naltrexone HCl 8mg, Methylcobalamin 1mg	<input type="checkbox"/> #30 <input type="checkbox"/> #60 <input type="checkbox"/> #90
Number of medications prescribed: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Directions ( <i>Required</i> ):	

**PRESCRIBER**

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

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