



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	Form	Qty	Refills
<input type="checkbox"/> Hydroxyzine Suspension <input type="checkbox"/> 10mg/mL <input type="checkbox"/> 25mg/mL	Suspension	240mL	
Directions:			
<input type="checkbox"/> Pilocarpine 2mg Troches	Troche	#30	
Directions:			

PRESCRIBER

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

Prescriber Signature: _____ Date: _____