National Pharmacy

Email Prescriptions to: orders@medmixnow.com

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

PATIENT

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

FORMULATIONS

☐	Minoxidil 6%, Spironolactone 1% Hair Solution	30mL bottle
☐	Minoxidil 7%, Tretinoin 0.0125%, FInasteride 0.25% Hair Solution	30mL bottle
☐	Minoxidil 7%, Finasteride 0.25% Hair Solution	30mL bottle

Directions (Required):

PRESCRIBER

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

Prescriber Signature: _____ Date: _____