



Date: _____ Patient Name: _____
 DOB: _____ Address: _____
 City: _____ State: _____ Phone: _____ Allergies: _____
 Call When Ready Text Message When Ready Delivery Mail Out

- Melatonin 2mg/ml Sublingual Suspension (MucoLox™)**
 Qty: 30ml or: _____
 Sig: Place 1 ml (2 mg) under tongue and allow to absorb in sublingually once daily at bedtime as needed.

- Lorazepam 1 mg Gelatin Troche**
 Qty: 30 or: _____
 Sig: Place 1 troche in buccal cavity of cheek and allow to absorb in buccally once daily at bedtime as needed.

- Lorazepam 1 mg/ml Topical Lipoderm® Cream**
 Qty: 30 ml
 Sig: Rub in 1 ml (1 mg) to inner wrists once daily at bedtime as needed.

- Tryptophan 500 mg Capsules**
 Qty: 30 or: _____
 Sig: Take 1 capsule by mouth once daily at bedtime as needed.

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature:

Print Name: _____ Agent sending: _____
 NPI: _____ DEA: _____

Clinic Name: _____
 Clinic Address: _____
 Clinic Phone/Fax: _____

