



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

Baclofen 20 mg/Guaifenesin 50 mg/Cyclobenzaprine HCl 20 mg Base MBK™ Suppository
 (circle one) Qty: #30, 60, 90 or: _____
 Sig: _____

Belladonna Extract 15 mg/Hydrocortisone 20 mg Compound Base MBK™ Suppository
 (circle one) Qty: #30, 60, 90 or: _____
 Sig: _____

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature:

Print Name: _____ Agent sending: _____

NPI: _____ DEA: _____

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

