



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

Omeprazole Oral Suspension

Strength: _____
 Qty: _____
 Sig: _____

Lansoprazole Oral Suspension

Strength: _____
 Qty: _____
 Sig: _____

**Melatonin 6 mg/Tryptophan (L) 200 mg/
 Hydroxocobalamin 50 mcg/Methionine 100 mg/
 Pyridoxine HCl 25 mg/ Betaine HCl 100 mg/ Folic
 Acid 10 mg Capsules**

Qty: 40 Caps
 Sig: Take 1 capsule by mouth once daily.

Refills: 1 2 3 4 5 PRN

Healthcare Provider Signature:

Print Name: _____ Agent sending: _____

NPI: _____ DEA: _____

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

