



Doxylamine/Pyridoxine

PATIENT **PROVIDER**

Patient Name: _____

Provider Name: _____

Phone: _____ D.O.B: _____

Phone: _____

Address: _____

Contact Name: _____

Contact Email: _____

Allergies: _____

NPI: _____

PRESCRIPTION

Doxylamine/Pyridoxine 25mg/25mg ER

Quantity: 30 60 _____
Date Signature

Refills: 6 _____ Directions: Take 1 capsule by mouth twice daily as needed for nausea

For patient security
Please print and fax form to:
801.590.7003

Questions?

855.506.6999
medsinmotion.com