



# Relaxis Prescription Form

Order Date: \_\_\_\_\_

<b>Patient Information</b>
Name:
DOB:
Street Address:
City/State/Zip:
Phone:

<b>Physician Information</b>	
Name:	
Street Address:	
City/State/Zip:	
Phone:	Fax:
NPI #:	License #:

<b>Diagnosis</b>
<input type="checkbox"/> ICD-9-CM 333.94 Restless legs syndrome
<input type="checkbox"/> ICD-10-CM G25.81 Restless legs syndrome
<input type="checkbox"/> Other:

<b>Plan of Care</b>
<input type="checkbox"/> Relaxis
<input type="checkbox"/> Other:

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

## How To: Get Started on a 30-Day Risk-Free Relaxis Trial

To trial Relaxis, follow the steps below. If you have any questions, call Relaxis Customer Service at 1-888-475-7435.

- 1. Talk to your doctor. You must have a doctor's prescription to try Relaxis.**
- 2. Fill out a Relaxis Order Form.**

Visit [www.MyRelaxis.com/Relaxis-Trial/](http://www.MyRelaxis.com/Relaxis-Trial/) to download and print an Order Form. Or, call 1-888-475-7435 and Relaxis Customer Service will send an Order Form to you upon request.

After the 30-day trial period, you may decide to keep your Relaxis or return it for a full refund (less shipping and handling fees where applicable). Full details are available in the Relaxis Order Form.

- 3. Send your prescription (by mail, email, or fax) and Order Form to:**

Relaxis Customer Service  
1235 Puerta del Sol, Suite 600  
San Clemente, CA 92673

Phone: 1-888-475-7435  
Email: [CustomerService@MyRelaxis.com](mailto:CustomerService@MyRelaxis.com)  
Fax: 949-492-0650