



FAX TO 954-839-9039
Email Orders@zionpharmacy.com

RX ORDER FORM

| | |
|------|--|
| Date | |
|------|--|

| | | | |
|--|-------------------|------------------------------|-------------|
| Patient Name | | Date of Birth | |
| Patient Address | | | |
| Telephone Number | | Allergies | EMAIL |
| Shipping | Next Day Air \$30 | 2 nd Day Air \$18 | Ground \$15 |
| Send To | Ship to Clinic | Ship to Patient | Pickup |
| | | Sat Delivery \$50 | Other |
| <small>NOTE: All orders are set by default to shipping with signature required. By marking the box in this section and declining the signature, the recipient of the goods assumes all responsibility in case of theft, damage and/or loss. Signature Required Fee By Fedex is \$3 extra. DECLINE SIGNATURE →</small> | | | |
| Patient/Clinic has the option to request shipping insurance in case Shipping Company damages/destroys package. Zion Pharmacy not responsible for packages destroyed by Carrier. Please Initial box to request insurance→ | | | |
| Credit Card Number | Expiration | CVV | |

| Description | Vial Size | Qty | Directions |
|---|------------------------|-----|------------|
| HCG 5,000IU CMP Injectable | Vial | | |
| HCG 11,000IU CMP Injectable | Vial | | |
| HCG TROCHES 250IU ea | 30/mold | | |
| HCG TROCHES 500IU ea | 30/mold | | |
| Methylcobalamin | 30ml Vial 100ml Vial | | |
| Lipotropics CMP (MIC/L-Carnitine/B-Complex) | 30ml Vial 100ml Vial | | |
| <i>IC Lipolean</i> | 30ml Vial 100ml Vial | | |
| <i>Ultrabum</i> | 30ml Vial 100ml Vial | | |
| <i>B-Complex Blend</i> | 30ml Vial 100ml Vial | | |
| <i>Mic Blend</i> | 30ml Vial 100ml Vial | | |
| <i>L-Carnitine</i> | 30ml Vial 100ml Vial | | |
| <i>Glutathione</i> | 30ml Vial 100ml Vial | | |
| Sermorelin 6mg Injectable | Vial | | |
| Sermorelin 200mcg Troche #90Days | 3x30/Tray | | |
| Sermorelin 200mcg Troche #30Days | 1x30/Tray | | |
| TriMix Lite 7.5/0.5/10 Pap/Phen/PGE1 | 10ml Vial | | |
| TriMix Reg 15/1/20 Pap/Phen/PGE1 | 5 ml Vial | | |
| TriMix Extra 30/2/40 Pap/Phen/PGE1 | 2.5 ml Vial | | |
| Tadalafil 20 mg/L-Arginine | Ea | | |
| Syringes 3ml ___x___ ___G | Ea | | |
| Needles ___G ___Inch | | | |
| Insulin Syringes ___G ___Inch | 10/Pack | | |
| | | | |
| | | | |

| | |
|--|-----------|
| Prescribing Physician's Name and Title | Signature |
| State License Number | Phone |
| DEA License Number | Fax |
| EMAIL | |
| Clinic Address, City, State, Zip | |