



**FAX TO 954-839-9039**  
**Email info@zionpharmacy.com**

# RX ORDER FORM

Date	
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Patient Name		Date of Birth	
Patient Address			
Telephone Number		Allergies	EMAIL
Shipping	Next Day Air \$30	2 <sup>nd</sup> Day Air \$18	Sat Delivery \$50
Send To	Ship to Clinic	Ship to Patient	Pickup 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 <b>Signature Required Fee By Fedex is \$6 extra.</b> DECLINE SIGNATURE →</small>			
<b>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→</b>			
Credit Card Number	Expiration	CVV	

Description	Vial Size	Qty	Directions
Cyanocobalamin	30ml Vial	100ml Vial	
Methylcobalamin	30ml Vial	100ml Vial	
Lipotropics CMP (MIC/L-Carnitine/B-Complex)	30ml Vial	100ml Vial	
IC Lipolean	30ml Vial	100ml Vial	
Ultraburn	30ml Vial	100ml Vial	
B-Complex Blend	30ml Vial	100ml Vial	
Mic Blend	30ml Vial	100ml Vial	
L-Carnitine	30ml Vial	100ml Vial	
GAC-Glutamine/L-Arginine/L-Carnitine	30ml Vial	100ml Vial	
Glutathione	30ml Vial	100ml Vial	
Sermorelin / Ipamorelin 9mg/9mg <b>Injectable</b>	Vial		
Sermorelin/Ipamorelin 300mcg/300mcg <b>Troches</b>	#30 Tray		
Sermorelin/Ipamorelin 300mcg/300mcg <b>Troches</b>	#90 3x30Tray		
NAD+ 1g	Vial		
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 x 2.5 ml Vial		
<b>Tadalafil 20 mg/L-Arginine</b>	<b>Ea</b>		
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		