



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		Sat Delivery \$50	
Send To	Ship to Clinic		Ship to Patient		Pickup		Other	

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 →

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	
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Description	Vial Size	Qty	Directions
TriMix Light 7.5mg/0.5mg/10mcg Papaverine/ Phentolamine/ PGE1 mcg/ml	10cc		
TriMix Regular 15mg/1mg/20mcg Papaverine/ Phentolamine/ PGE1 mcg/ml	5cc 10cc		
TriMix XTRA 30mg/2mg/40mcg Papaverine/ Phentolamine/ PGE1 mcg/ml	5cc 10cc		
TRIMIX AutoInjector	ea		
TRIMIX Cool Transport	ea		
Discreet Trimix Injection Carrier	ea		
Penile Band_____	ea		
Priapism Antidote Injection (0.2cc 1% Epinephrine+2% Lidocaine)	ea		
Insulin Syringes	10/pk		
Sharps Container 1qt	ea		
Male Last Longer Cream 1oz (Benzocaine 20%)	1oz Tube		
HCG 5,000IU Injection Vial	ea		
HCG 11,000IU Injection Vial	ea		
Tadalafil 20mg + L-Arginine 100mg Caps or Troche Tray	12/Tray 30/Tray Capsules		
Sildenafil 100mg/300mg Caps or Troche Tray	12/Tray 30/Tray Capsules		

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