



FAX TO 954-839-9039
Email: order@zionpharmacy.com

RX ORDER FORM

		Date	
Patient Name		Date of Birth	
Patient Address, City, State, Zip			
EMAIL			
Telephone Number		Allergies	

Shipping	Next Day Air \$30	2 nd Day Air \$18	Ground \$12	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. DECLINE SIGNATURE →
 Signature Required Fee By Fedex is \$3 extra.

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.

Bill	Clinic	Patient		
Visa	Mastercard	Cash	Check	Other
Credit Card Number			Expiration	CVV

Billing Address, City, State, Zip

Description	Size	Qty	Directions
Sermorelin + GHRP2 + GHRP6 Troches Tray 200/100/100mcg ea.	#30/Tray		
Sermorelin + GHRP2 + GHRP6 Injection Solution 6/3/3mg	Vial		
Sermorelin Autoinjector	ea		
Insulin Needles pack	10ea		
Alcohol Pads	100ea 200ea		
Sharps Container	1qt		

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

We Verify Every Prescription With Prescribing Physician