REFILL FORM

DATE:

Patient Name			
Contact Telephone			
Shipping Address			
Shipping Address			
Email			
Credit Card		Exp	CVV
Billing Zip code			

MEDICATION					QTY	TOTAL
TRIMIX	LIGHT 10ml	REGULAR 5 ml	EXTRA 5 ml			
Priapism (Antidote)						
SERMORELIN	INJ	TROCHE				
HCG	INJ	5000IU 11000IU	TROCHE	250IU 500IU		
LIPOTROPICS		30ml	100ml			
B-COMPLEX BLEND		30ml	100ml			
IC LIPOLEAN		30ml	100ml			
CYANOCOBALAMIN		30 ml	100ml			
ULTRABURN		30ml	100ml			
METHYLCOBALAMIN		30ml	100ml			
MIC BLEND 25/50/50		30ml	100ml			
L- Carnitine		30ml	100ml			
Glutathione		30ml	100ml			

Syringes	100U	50U	5/16”	1/2”

Ship	OVERNIGHT		2ND DAY		GRND		SAT		DHL		

TOTAL	

INSTRUCTION:

ADDITIONAL NOTES:

Zion Pharmacy | 205 E Hallandale Beach Blvd. Hallandale Beach, FL 33009
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