



**FAX:** 954-839-9039  
**PHONE:** 954-367-53-65  
**Email:** [info@zionpharmacy.com](mailto:info@zionpharmacy.com)

# RX ORDER FORM

Date			
Patient Name		Date of Birth	
Patient Address			
Telephone Number		Patient Email	
Allergies			

Shipping	Next Day Air \$30	2 <sup>nd</sup> 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 →**

Credit Card Number	Expiration	CVV
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Description	Size	Qty	Directions
HCG 5,000IU CMP <b>Injectable</b>	Vial		
HCG 11,000IU CMP <b>Injectable</b>	Vial		
HCG <b>TROCHES</b> 250IU ea	30/mold		
HCG <b>TROCHES</b> 500IU ea	30/mold		
Methylcobalamin	30ml or 100mlVial		
Cyanocobalamin	30ml or 100mlVial		
Lipotropics CMP (MIC/L-Carnitine/B-Complex)	30ml or 100mlVial		
IC Lipolean	30ml or 100mlVial		
Ultraburn	30ml or 100mlVial		
B-Complex Blend	30ml or 100mlVial		
L-Carnitine	30ml or 100mlVial		
Glutathione	30ml or 100mlVial		
Sermorelin/GHRP2/GHRP6 6mg/3mg/3mg <b>Injectable</b>	Vial		
Sermorelin/GHRP2 & 6 200/100/100 <b>Troche</b> #90Days	3x30/Tray		
Sermorelin/GHRP2 & 6 200/100/100 <b>Troche</b> #30Days	1x30/Tray		
TriMix Lite 7.5/0.5/10 Pap/Phen/PGE1	10 ml Vial		
TriMix Reg 15/1/20 Pap/Phen/PGE1	5 ml Vial		
TriMix Extra 30/2/40 Pap/Phen/PGE1	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		

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