



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	
<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 Signature Required Fee By Fedex is \$6 extra. DECLINE SIGNATURE →</small>					
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	
Description		Qty		Directions	
Hydroxychloroquine 200mg		22 Tab			
Azithromycin 500mg		6 Tab			
Zinc 50mg		30 Tab			
Vitamin C Injectable 500mg/ml		30ml vial			
Prescribing Physician's Name and Title			Signature		
State License Number			Phone		
DEA License Number			Fax		
EMAIL					
Clinic Address, City, State, Zip					

Due to possible reports of QT prolongation and increased risk of drug-associated torsades de pointes (TdP) physicians are encouraged to ensure therapy is not contraindicated in patients suffering from these conditions. Hydroxychloroquine or chloroquine use outside of a clinical trial should occur at the direction of an infectious disease or expert, with cardiology input regarding QT monitoring. See [FDA EUA](#) and [FDA Hydroxychloroquine Caution Statement](#) For FDA guidance