



PHARMACY ORDER FORM LakeHills Pharmacy | TransFigure Weight loss Clinic Contact Information (Ship to: Yes: ____)

- Clinic Name: _____
- Ordering Physician: _____

Patient Information (Ship to: Yes: ____)

- Name: _____ DOB: _____
- Address: _____
- City, State, ZIP: _____
- Phone: _____
- Email: _____

Product Selection (All vials ship with 10 syringes-0.5ml or 1.0ml depending on vial size)

L-Carnitine + Semaglutide (100-2.5mg/mL concentration)

- 1.0mL vial (total dose -2.5mg) — Qty: _____ •
- 2.0mL vial (total dose 5mg) — Qty: _____ •
- 3.0mL vial (total dose 7.5mg) — Qty: _____
- 4.0mL vial (total dose 10mg) — Qty: _____

L-Carnitine + Tirzepatide (100/10mg/ml concentration)

- 1.0mL vial (total dose 10mg) — Qty: _____ •
- 2.0mL vial (total dose 20mg) — Qty: _____ •
- 3.0mL vial (total dose 30mg) — Qty: _____
- 4.0mL vial (total dose 40mg) — Qty: _____

L-Carnitine + Tirzepatide (100/20mg/ml concentration)

- 3.0mL vial (total dose 60mg) — Qty: _____

Diagnosis: __ E11.8 Type I2 Diabetes Mellitus __ E66.9 Obesity. __ E66.3 Overweight

Medical Necessity:

__ Vit B-12 Deficiency __ Lack of Adequate Food __ Adverse Effect of Medication __

Adverse Effect of Appetite Suppressant __ Physician Authorization __

- Dosing Directions _____
- Physician Printed Name: _____
- Physician Signature _____ Date: _____

Email to Transfigure at jeff@vitalsync.info or fax:888.830.3497

