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

- Clinic Name: \_\_\_\_\_
- Ordering Physician: \_\_\_\_\_

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**Patient Information (Ship to: Yes: \_\_\_\_)**

- Name: \_\_\_\_\_ DOB: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, ZIP: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_

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**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: \_\_\_\_\_

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**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](mailto:jeff@vitalsync.info) or fax:888.830.3497