

Patient Name: _____ Date: _____

Address: _____ Phone #: _____

City: _____ State: _____ Zip: _____ DOB: _____

Credit Card #: _____ Exp Date: _____

Allergies: _____

#	Weightloss Solutions	Strength	Size
Injectable Products			
	MIC	25/50/50	30ml
	MIC + B12	25/50/50/1	30ml
	MIC/B12/B6/dexpanthenol	25/50/50/1/50/25	30ml
	MIC + B12 + AMP	25/50/50/1/12.5	30ml
	MIC + B12 + Folic Acid + niacinate	25/50/50/1/1/5	30ml
	B-Complex 100		30ml
Sulfur Free Injectable Products			
	IC	50/50	30ml
	IC + B12	50/50/1	30ml
	IC/B12/B6/dexpanthenol	50/50/1/50/25	30ml
	IC + B12 + AMP	50/50/1/12.5	30ml
	HCG Injectable Products		
	HCG	5000u per vial	each
	HCG	10000u per vial	each
Oral – Appetite Suppressant Products			
	Phentermine + St. John's wort + Chromium Picolonate	15/150/0.1mg	30
	Phentermine + St. John's wort + Chromium Picolonate	20/150/0.1mg	30
	Phentermine + St. John's wort + Chromium Picolonate	30/150/0.1mg	30
	Phentermine + St. John's wort + Chromium Picolonate	37.5/150/0.1mg	30

Sig: _____

Refill: 0—1—2—3—6 Months—1 Year

M.D. Signature: _____ Date: _____

