

ORDER FORM

Fax orders to: 972-517-0400 or email to: rx@springcreekpharmacy.com

Prescriber Information
Clinic:
Prescriber Name:
Address:
Phone Number:
NPI Number:
Email:

Product

Qty (in vials)

☐ Semaglutide/L-Carnitine 2.5mg/100mg/mL 8mL vial (\$220)

☐ Tirzepatide/L-Carnitine 20mg/100mg/mL 8mL vial (\$600)

Prescriber Signature: _____ Date: _____