

# Reset Wellness Order Form



Please fill out the forms below and click [Submit Form](#) once finished

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# PATIENT

Patient's Name \*

First Name

Last Name

Patient's DOB

Day/Month/Year

Patient's Phone Number \*

Please enter a valid phone number.

Patient's Email Address

Patient's Shipping Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Allergies

## Please check your preferred Pharmacy

WeCare Rx Pharmacy

Hallandale Pharmacy

### SEMAGLUTIDE: SELECT ORDER

Special \$200 (2.5mg Total)

Example: 0.25mg/10units  
weekly dose, will last 10  
weeks

Special \$1000 (37.5mg Total)

Example: 2mg/80units  
weekly dose, will last 18  
weeks

Special \$450 (12.5mg Total)

Example: 1mg/40units  
weekly dose, will last 12  
weeks

Special \$1300 (50mg Total)

Example: 2mg/80units  
weekly dose, will last 25  
weeks

Special \$700 (25mg Total)

Example: 1mg/40units  
weekly dose, will last 25  
weeks

What Is Your Current Weekly Dose  
N/A if not taking

# Please check your preferred Pharmacy

WeCare Rx Pharmacy

Hallandale Pharmacy

## WeCare Rx Prescription Strength

30mg vial

60mg vial

### TIRZEPATIDE: SELECT ORDER

Special \$300 (10mg)

Example: 2.5mg/25units weekly dose, will last 4 weeks

Special \$1500 (180mg)

Example: 10mg/100units weekly dose, will last 18 weeks  
Option:(6) 30mg vial or (3) 60mg vial

Special \$700 (60mg)

Example: 5mg/50units weekly dose, will last 12 weeks  
Option:(2) 30mg vial or (1) 60mg vial

Special \$2150 (240mg)

Example: 10mg/100units weekly dose, will last 24 weeks  
Option:(8) 30mg vial or (4) 60mg vial

Special \$1050 (90mg)

Example: 5mg/50units weekly dose, will last 18 weeks  
Option:(3) 30mg vial

Special \$2800 (300mg)

Example: 10mg/100units weekly dose, will last 30 weeks  
Option:(5) 60mg vial

Special \$1200 (120mg)

Example: 5mg/50units weekly dose, will last 24 weeks  
Option:(4) 30mg vial or (2) 60mg vial

Special \$3400 (360mg)

Example: 10mg/100units weekly dose, will last 36 weeks  
Option:(6) 60mg vial

What Is Your Current Weekly Dose  
N/A if not taking

## Please check your preferred Pharmacy

Brooksville Pharmacy

RETATRUTIDE: SELECT ORDER\*

Special \$500 (16mg Total)

Special \$1500 (64mg Total)

Special \$800 (32mg Total)

Special \$1750 (80mg Total)

Special \$1000 (48mg Total)

Special \$3000 (160mg Total)

What Is Your Current Weekly Dose  
N/A if not taking

\*I understand that if I live in one the following states: **Alabama, Alaska, Arkansas, California, DC (District of Colombia), Kansas, Kentucky, Louisiana, Michigan, Nevada, North Carolina, South Carolina, Texas, Washington, West Virginia**, there will be a \$75 shipping charge automatically added to your order.

## Additional Medication

Special \$150 BioBoost Plus/ Liposlim (10ml) 10 weeks

Special \$300 BioBoost Plus/ Liposlim (30ml) 30 weeks

Special \$150 Glutathione Special (10ml) 10 weeks

Special \$300 Glutathione Special (30ml) 30 weeks

Special \$175 NAD+ (10ml) 10 weeks

**Comments:**

**Acknowledgment and Agreement:**

**By signing below, I, the undersigned, acknowledge that I have read, understood, and agree to the terms and conditions set forth herein. I further agree to comply with all applicable policies, rules, and regulations associated with the goods and/or services provided.**

**I understand that these terms may be subject to change, and I agree to be bound by any updates or modifications that may occur. I confirm that I am authorized to enter into this agreement and acknowledge that my submission constitutes a legally binding commitment.**

**I also understand that any information provided may be used in accordance with applicable privacy and data protection laws.**

**Price Change Acknowledgment and Agreement:**

**By submitting this form, I, the undersigned, acknowledge and agree that the prices associated with the goods and/or services provided may be subject to change. I understand that the pricing provided at the time of submission is not guaranteed and that the final cost may vary due to factors beyond the control of the service provider, including but not limited to changes in market conditions, supply chain adjustments, or other unforeseen circumstances. I accept that any price change will be communicated and I will have the opportunity to review and approve any revised pricing before proceeding.**