
Downsize Lipo Center of Houston

Pharmacy Information For Prescriptions

Pharmacy Name: _____ Pharmacy Number: _____

Pharmacy Address: _____

Please list any allergies you have to any medication:

Please list all Herbal or Natural remedies or Vitamins you take daily: _____

Do you use the GoodRx: _____ If Not Please Ask Us About Them.

Name: _____

Date of Birth: ____/____/____

Please provide your photo I.D. so that Dr. Hennessy can e-scribe your prescriptions.