LithoLyte Corporation, LLC 1822 S. Glenburnie Rd PMB 261 New Bern, NC 28562 Phone: (618) CITRATE Fax: (818) 381-5754 Email: Scott@LithoLyte.com



LithoLyte[®] Prescription Order Form Fax to: (818) 381-5754

Patient:

Please fill out the requested information below. We'll contact the patient and take care of the rest.

60 Stick Packs (\$30)

No insurance needed.

Name: _____

Address:

Phone:

Instr	ruction	IS:

LithoLyte 10 mEq

Take one stick pack mixed with one 16.9oz bottle of water twice daily.



Take two sticks pack mixed with one 16.9oz bottle of water twice daily.

Other:

Emai

Physician:

Name: _____

Address:

Phone:

Physician Signature :

Date:

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