

PQ Pharmacy 15215 Technology Dr. Brooksville FL 34604

Please email to order@pqpharmacy.com

Date: _____ Date Needed: _____

PO: _____ Rep/ Discount Code: _____

LICENSED HEALTHCARE PROVIDER BILLING INFORMATION

FACILITY NAME: _____ PLACED BY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ FAX: _____

SHIPPING ADDRESS

Billing & Shipping information are the same.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

MEDICATION ORDER

*Shortage product based upon availability

Semaglutide – 1.0 mg/mL – 1 mL (1 mg) \$ _____ / box of 10 # of boxes: _____

Semaglutide – 2.5 mg/ mL – 1 mL (2.5 mg) \$ _____ / box of 10 # of boxes: _____

Semaglutide – 2.5 mg/ mL – 2 mL (5.0 mg) \$ _____ / box of 10 # of boxes: _____

Semaglutide – 2.5 mg/ mL – 3 mL (7.5 mg) \$ _____ / box of 10 # of boxes: _____

Semaglutide – 2.5 mg/mL – 4 mL (10 mg) \$ _____ / box of 10 # of boxes: _____

Semaglutide – 5.0 mg/mL – 4 mL (20 mg) \$ _____ / box of 10 # of boxes: _____

Tirzepatide – 10 mg/ mL – 2 mL (20 mg) \$ _____ / box of 10 # of boxes: _____

Tirzepatide – 20 mg/ mL – 3 mL (60 mg) \$ _____ / box of 10 # of boxes: _____

Notes: _____

PAYMENT and SHIPPING INFORMATION *Customer will be assessed additional 3% charge for credit card payments*

CREDIT CARD (on file) or ACH (on file)

** ALL GLP-1 ORDERS ARE SHIPPED OVERNIGHT **

** PQ Pharmacy is not licensed in California and North Dakota, and PQ Pharmacy products cannot be sold or transferred to those states. Products must only be shipped to a licensed medical facility. Product is available from PQ Pharmacy due to being on the FDA shortage list. **

EMAIL TO: order@pqpharmacy.com or FAX TO: 1-877-456-4512

Internal Use Order Processed _____ RPH Check _____ Packed: _____

Lot: _____ Exp: _____ Lot: _____ Exp: _____ Lot: _____ Exp: _____