PQ PHARMACY™
PRECISION & QUALITY

PQ Pharmacy 15215 Technology Dr. Brooksville FL 34604

Date : _____ Date Needed : _____

Group / Rep Name : _____

LICENSED HEALTHCARE PROVIDER BILLING INFORMATION:

FACILITY NAME: _____ PLACED BY: _____

ADDRESS: _____

PHONE: _____ FAX: _____

SHIPPING ADDRESS:

☐ Billing & Shipping information are the same

NAME: _____

ADDRESS: _____

MEDICATION ORDER:

* ALL GLP-1 ORDERS ARE SHIPPED OVERNIGHT *

** 1 box = 10 vials **

** Product is non-returnable **

☐ Liraglutide - 6 mg/mL - 5 mL (30 mg) $_____ / box of 10 # of boxes: _____

☐ Liraglutide - 15 mg/mL - 3 mL (45 mg) $_____ / box of 10 # of boxes: _____

☐ Liraglutide - 15 mg/mL - 6 mL (90 mg) $_____ / box of 10 # of boxes: _____

Notes:

_____

_____

☐ I attest that patients serviced at this facility are experiencing a local shortage of these commercial products and thus need the compounded version.

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

☐ CREDIT CARD (on file) ☐ ACH (on file)

* PQ Pharmacy can ship to all states except CA & ND. Products must only be shipped to a licensed medical facility. Minimum order is 5 vials per size. No partial orders permitted.

*Please email this completed form to order@pqpharmacy.com.

INTERNAL USE:

Order Processed:_____ RPH Check:_____ Packed:_____

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