

**LICENSED HEALTHCARE PROVIDER BILLING INFORMATION:**

FACILITY NAME: \_\_\_\_\_ PLACED BY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

**SHIPPING ADDRESS:**

Billing & Shipping information are the same

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**MEDICATION ORDER:**

\* Compounded products based on availability

\*1 box = 10 vials \*If a quantity other than 10 has been approved and being ordered, it must be indicated in notes on order.

\*PQ is not responsible for ordering mistakes. \*Please note these products are non-returnable.

- |                          |   |                           |                   |
|--------------------------|---|---------------------------|-------------------|
| <input type="checkbox"/> | Prednisolone Sod Phos/Moxifloxacin HCL/Bromfenac PF (1%/0.5%/0.09%) 5.6mL | \$ _____ (per box of 10)  | # of boxes: _____ |
| <input type="checkbox"/> | Prednisolone Sod Phos/Moxifloxacin HCL/Bromfenac PF (1/0.5/0.09%) 8.6mL   | \$ _____ (per box of 10)  | # of boxes: _____ |
| <input type="checkbox"/> | Prednisolone Sodium Phosphate/ Moxifloxacin HCL PF (1%/0.5%) 5.6mL        | \$ _____ (per box of 10)  | # of boxes: _____ |
| <input type="checkbox"/> | Prednisolone Sodium Phosphate/ Bromfenac PF (1%/0.09%) 5.6mL              | \$ _____ (per box of 10)  | # of boxes: _____ |
| <input type="checkbox"/> | Moxifloxacin HCL/Bromfenac - (0.5%/0.09%) - 5.6 mL                        | \$ _____ (per box of 10)  | # of boxes: _____ |
| <input type="checkbox"/> | Tropicamide/Phenylephrine HCL - (1%/2.5%) - 5 mL                          | \$ _____ (per box of 10)  | # of boxes: _____ |
| <input type="checkbox"/> | Tropicamide/Phenylephrine HCL - (1%/2.5%) - 10 mL                         | \$ _____ (per box of 10)  | # of boxes: _____ |
| <input type="checkbox"/> | Lidocaine HCL/Phenylephrine - (1%/1.5%) - 1 mL                            | \$ _____ (per box of 10)  | # of boxes: _____ |
| <input type="checkbox"/> | Moxifloxacin HCL - 0.1% vial - 1 mL                                       | \$ _____ (per box of 10)  | # of boxes: _____ |
| <input type="checkbox"/> | Moxifloxacin HCL - 0.5% vial - 1 mL                                       | \$ _____ (per box of 10)  | # of boxes: _____ |
| <input type="checkbox"/> | Hydra-C - (Cyclosporine 0.1%) PF - 5 mL                                   | \$ _____ (per box of 10)  | # of boxes: _____ |
| <input type="checkbox"/> | Post-Op Kit - (Bag, Glasses, Kit, Tape)                                   | \$ _____ (per box of 100) | # of boxes: _____ |

Notes: \_\_\_\_\_

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

CREDIT CARD (on file)  ACH (on file)

GROUND (FL overnight)  2 DAY SHIP  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](mailto:order@pqpharmacy.com) or FAX to: 1-877-456-4512**

**INTERNAL USE:**

Order Processed: \_\_\_\_\_ RPH Check: \_\_\_\_\_ Packed: \_\_\_\_\_

Lot: \_\_\_\_\_ Exp: \_\_\_\_\_ Lot: \_\_\_\_\_ Exp: \_\_\_\_\_ Lot: \_\_\_\_\_ Exp: \_\_\_\_\_