



#### PQ and Product Information:

- PQ Pharmacy is an FDA registered and inspected 503b outsourcing facility and drug manufacturer, licensed in 47 states. Located in Florida.
- We are not licensed in CA, ND, or HI. We will not ship to those states.
- Our Semaglutide and tirzepatide has a BUD of 180 days from date of compounding.
- You will likely receive product with 3-5 months left on BUD.
- If refrigerated, product is stable until the BUD.
- All vials are multi-dose vials.
- Product is shipped cold overnight in a cooler with icepacks.
- We DO NOT ship cold products on Friday.
- Our products come in boxes of 10.
- There is no minimum order quantity for your first few orders.
- If you need less than 10 vials, we can make that happen for you.

#### Next Steps:

1. Please fill out order form on page two
2. Email completed order form to [order@pqpharmacy.com](mailto:order@pqpharmacy.com)

#### Please Note:

May take up to 72 hours to create your account. After your account is created you typically will receive your orders within 48 hours of ordering depending on what day of the week you order.

Feel free to reach out to PQ Pharmacy if you have any questions, comments, or concerns regarding your order.

PQ Pharmacy 15215 Technology Dr. Brooksville FL 34604  
PHONE: (352) 477-8977 • FAX: 1-877-456-4512

**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 \*\***

Semaglutide - 1.0 mg/mL - 1 mL (1 mg)	\$ <u>800</u> / box of 10	# of boxes: _____
Semaglutide - 2.5 mg/mL - 1 mL (2.5 mg)	\$ <u>900</u> / box of 10	# of boxes: _____
Semaglutide - 2.5 mg/mL - 2 mL (5 mg)	\$ <u>1,200</u> / box of 10	# of boxes: _____
Semaglutide - 2.5 mg/mL - 3mL (7.5 mg)	\$ <u>1,600</u> / box of 10	# of boxes: _____
Semaglutide - 2.5 mg/mL - 4 mL (10 mg)	\$ <u>2,000</u> / box of 10	# of boxes: _____
Semaglutide - 5.0 mg/mL - 4 mL (20 mg)	\$ <u>2,800</u> / box of 10	# of boxes: _____
Tirzepatide - 10 mg/mL - 1 mL (10 mg)	\$ <u>1,100</u> / box of 10	# of boxes: _____
Tirzepatide - 10 mg/mL - 2 mL (20 mg)	\$ <u>1,800</u> / box of 10	# of boxes: _____
Tirzepatide - 10 mg/mL - 3 mL (30 mg)	\$ <u>2,700</u> / box of 10	# of boxes: _____
Tirzepatide - 20 mg/mL - 2 mL (40 mg)	\$ <u>3,020</u> / box of 10	# of boxes: _____
Tirzepatide - 20 mg/mL - 3 mL (60 mg)	\$ <u>4,500</u> / 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 10 vials per size.** No partial orders permitted.

**\*Please email this completed form to [order@pqpharmacy.com](mailto:order@pqpharmacy.com).**

**INTERNAL USE:**

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

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