PQ PHARMACY
PRECISION&QUALITY

Date : _____ Date Needed : _____

PO:_____ Group / Rep Name : _____

PQ Pharmacy 15215 Technology Dr. Brooksville FL 34604

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.

☐ Prednisolone/Moxifloxacin/Bromfenac - 1%/0.5%/0.09% (eye drop) - 5.6 mL	$400 (per box of 10)	# of boxes:_____
☐ Prednisolone/Moxifloxacin/Bromfenac - 1%/0.5%/0.09% (eye drop) - 8.6 mL	$700 (per box of 10)	# of boxes:_____
☐ Prednisolone/Moxifloxacin - 1%/0.5% (eye drop) - 5.6 mL	$400 (per box of 10)	# of boxes:_____
☐ Prednisolone/Bromfenac - 1%/0.09% (eye drop) - 5.6 mL	$400 (per box of 10)	# of boxes:_____
☐ Moxifloxacin/Bromfenac - 0.5%/0.09% (eye drop) - 5.6 mL	$400 (per box of 10)	# of boxes:_____
☐ Tropicamide/Phenylephrine - 1%/2.5% (eye drop) - 5.0 mL	$150 (per box of 10)	# of boxes:_____
☐ Tropicamide/Phenylephrine - 1%/2.5% (eye drop) - 10.0 mL	$260 (per box of 10)	# of boxes:_____
☐ Phenylephrine / Lidocaine - 1.5%/1% (vial) - 1 mL	$_____ (per box of 10)	# of boxes:_____
☐ Moxifloxacin - 0.1% (vial) - 1.0 mL	$_____ (per box of 10)	# of boxes:_____
☐ Moxifloxacin - 0.5% (vial) - 1.0 mL	$_____ (per box of 10)	# of boxes:_____
☐ Hydra-C - 0.1% Cyclosporine (eye drop) - 5.6 mL	$450 (per box of 10)	# of boxes:_____
☐ Post-Op Kit - (Bag, Glasses, Kit, Tape)	$_____ (per 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) ☐ 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 or FAX to: 1-877-456-4512

INTERNAL USE:

Order Processed:_____ RPH Check:_____ Packed:_____

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