

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 | \$ _____ (per box of 10) | # of boxes: _____ |
| ☐ Prednisolone/Moxifloxacin/Bromfenac - 1%/0.5%/0.09% (eye drop) - 8.6 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| ☐ Prednisolone/Moxifloxacin - 1%/0.5% (eye drop) - 5.6 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| ☐ Prednisolone/Bromfenac - 1%/0.09% (eye drop) - 5.6 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| ☐ Moxifloxacin/Bromfenac - 0.5%/0.09% (eye drop) - 5.6 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| ☐ Tropicamide/Phenylephrine - 1%/2.5% (eye drop) - 5.0 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| ☐ Tropicamide/Phenylephrine - 1%/2.5% (eye drop) - 10.0 mL | \$ _____ (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 | \$ _____ (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: _____