

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 REFRIDGERATED PRODUCTS ARE SHIPPED OVERNIGHT *

**** 1 box = 10 vials ****

**** Product is non-returnable ****

Liraglutide 6 mg/mL - 5 mL (30 mg)	\$ <u>900</u> / box of 10	# of boxes: _____
Liraglutide 15 mg/mL - 3 mL (45 mg)	\$ <u>1,350</u> / box of 10	# of boxes: _____
Liraglutide 15 mg/mL - 6 mL (90 mg)	\$ <u>2,250</u> / box of 10	# of boxes: _____
Glutathione 200 mg/mL - 10 mL (2,000 mg)	\$ <u>230</u> / box of 10	# of boxes: _____
Glutathione 200 mg/mL - 30 mL (6,000 mg)	\$ <u>400</u> / box of 10	# of boxes: _____
Ascorbic Acid 500 mg/mL - 30 mL (15,000 mg)	<i>Coming soon</i> \$ _____ / box of 10	# of boxes: _____
Methylcobalamin 1 mg/mL - 10 mL (10 mg)	<i>Coming soon</i> \$ _____ / box of 10	# of boxes: _____
Methylcobalamin 5 mg/mL - 10 mL (50 mg)	<i>Coming soon</i> \$ _____ / box of 10	# of boxes: _____
NAD+ 125 mg/mL - 4 mL (500 mg)	<i>Coming soon</i> \$ _____ / box of 10	# of boxes: _____
Sermorelin 1 mg/mL - 9 mL (9 mg)	<i>Coming soon</i> \$ _____ / 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.**

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

INTERNAL USE:

Order Processed: _____ RPH Check: _____ Packed: _____

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

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/Moxifloxacin/Bromfenac - 1%/0.5%/0.09% (eye drop) - 5.6 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| <input type="checkbox"/> Prednisolone/Moxifloxacin/Bromfenac - 1%/0.5%/0.09% (eye drop) - 8.6 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| <input type="checkbox"/> Prednisolone/Moxifloxacin - 1%/0.5% (eye drop) - 5.6 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| <input type="checkbox"/> Prednisolone/Bromfenac - 1%/0.09% (eye drop) - 5.6 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| <input type="checkbox"/> Moxifloxacin/Bromfenac - 0.5%/0.09% (eye drop) - 5.6 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| <input type="checkbox"/> Tropicamide/Phenylephrine - 1%/2.5% (eye drop) - 5.0 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| <input type="checkbox"/> Tropicamide/Phenylephrine - 1%/2.5% (eye drop) - 10.0 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| <input type="checkbox"/> Phenylephrine / Lidocaine - 1.5%/1% (vial) - 1 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| <input type="checkbox"/> Moxifloxacin - 0.1% (vial) - 1.0 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| <input type="checkbox"/> Moxifloxacin - 0.5% (vial) - 1.0 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| <input type="checkbox"/> Hydra-C - 0.1% Cyclosporine (eye drop) - 5.6 mL | \$ _____ (per box of 10) | # of boxes: _____ |
| <input type="checkbox"/> 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: _____