PQ PHARMACY
PRECISION & QUALITY

Date : ______________ Date Needed : ______________

Group / Rep Name : ___RXCONNEXION_______

PQ Pharmacy 15215 Technology Dr. Brooksville FL 34604 ORDER YOUR PRODUCTS TODAY BY EMAILING THIS FORM

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 **

	Product	Price		# of boxes
☐	Semaglutide - 1.0 mg/mL - 1 mL (1 mg)	$_____	/ box of 10	# of boxes: _____
☐	Semaglutide - 2.5 mg/mL - 1 mL (2.5 mg)	$_____	/ box of 10	# of boxes: _____
☐	Semaglutide - 2.5 mg/mL - 2 mL (5 mg)	$_____	/ box of 10	# of boxes: _____
☐	Semaglutide - 2.5 mg/mL - 3mL (7.5 mg)	$_____	/ box of 10	# of boxes: _____
☐	Semaglutide - 2.5 mg/mL - 4 mL (10 mg)	$_____	/ box of 10	# of boxes: _____
☐	Semaglutide - 5.0 mg/mL - 4 mL (20 mg)	$_____	/ box of 10	# of boxes: _____
☐	Tirzepatide - 10 mg/mL - 1 mL (10 mg)	$_____	/ box of 10	# of boxes: _____
☐	Tirzepatide - 10 mg/mL - 2 mL (20 mg)	$_____	/ box of 10	# of boxes: _____
☐	Tirzepatide - 10 mg/mL - 3 mL (30 mg)	$_____	/ box of 10	# of boxes: _____
☐	Tirzepatide - 20 mg/mL - 2 mL (40 mg)	$_____	/ box of 10	# of boxes: _____
☐	Tirzepatide - 20 mg/mL - 3 mL (60 mg)	$_____	/ 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.**

INTERNAL USE:

Order Processed:_____________ RPH Check:_____________ Packed:_____________

Lot:_________________ Exp:____________ Lot:_________________ Exp:____________ Lot:_________________ Exp:____________