OLYMPIA COMPOUNDING PHARMACY
FDA REGISTERED 503B OUTSOURCING FACILITY

WEIGHTLOSS PATIENT PRESCRIPTION

Account #: | Email:(for tracking info) | Account open date

MUST CHECK ONE
Fax: 407-673-1234
OrderRX@olympiapharmacy.com
☐ Bill Physician ☐ Bill Patient
☐ This is a refill

Rev 6-14-2018

PATIENT INFORMATION

Ship to: (**MUST CHECK ONE**)
☐ Patient Address ☐ Office

Shipping Method: (**MUST CHECK ONE**)
☐ UPS Ground ☐ Next Business Day (UPS Ground if applicable)

Name: | Date:

Address: | City: | State: | Zip:

Phone: | Email: | DOB:

HCG Injectable

- Select Item - x Qty 1 ☐ **Include bacteriostatic water** reconstitution volume: ☐ ML's

Sig:

- Select Item - x Qty ☐ ☐ **Include bacteriostatic water** reconstitution volume: ☐ ML's

Sig:

Syringes:(5/16" 30g) - Qty - Bags of 10 ☐ Sharp's Container

☐ Alcohol Swabs (100 ct box)

Oral HCG

- Select - x Qty ☐

Sig:

Vitamin Injections

-Select- x Qty ☐

Sig: - Select or Enter -

Other RX

Medication:

Sig:

PHYSICIAN INFORMATION

Physician Name: | Physician Phone: | Physician Signature:

Lic#: | DEA#: | Refills:

Ship to Address: | City: | State: | Zip: