



Olympia Compounding Pharmacy, located in Orlando, Florida, is a state of the art **FDA Registered 503B Outsourcing Facility**. We specialize in **Erectile Dysfunction, Anti-Aging, Hormone Replacement Therapy, IV Therapy, Weight Loss, Vein Care, Dermatology and more.**

## Why purchase medication from an FDA outsourcing facility?

The Compounding Quality Act, passed in late 2013, created a new designation of compounding pharmacy, the FDA Outsourcing Facility. In accordance with the new law, **ONLY** an Outsourcing Facility can provide medication to be administered by physicians or other medical staff. This means any and all medications administered in office, **MUST** come from an FDA Outsourcing Facility. Olympia can be your pharmacy partner to provide both Office Use Medications, as well as Patient Specific Prescription Medications, guaranteeing quality and uniformity throughout.

## Why purchase from Olympia?

**Knowledgeable Staff:** Olympia has knowledgeable Pharmacists and other staff, educated on our specialties, to provide unparalleled support. Olympia excels at fielding phone calls from physicians and patients alike.

**Infrastructure:** We have the infrastructure in place to receive and fill prescriptions very quickly. Prescriptions received by 5pm will ship the same day. We currently fill thousands of prescriptions each month!

**Beyond Use Date (BUD):** Olympia performs all necessary testing to provide the longest BUD in the industry. This testing is performed by independent 3rd party, CGMP facilities. It includes batch sterility, potency, endotoxin, method suitability, compatibility and advanced stability testing. Without these tests, a pharmacy compounder can only provide very short BUD's without acceptable CGMP validations. Olympia can provide much longer BUD's, which means more convenience for your patients, who can purchase more medication to last a longer period of time.

**Peace of Mind:** As a FDA Outsourcing Facility, Olympia's medication, lab and equipment are held to a much higher standard than a traditional 797 compounder. All medication is held in quarantine for 14 days and not released until sterility and potency testing has been completed by a 3rd party laboratory. You can rest assured your patients are receiving the highest quality medication available. Olympia Compounding Pharmacy remains on the cutting edge of technology and safety, providing our patients and physicians with the safest medication, best customer service and most convenient technology.

## Account Setup Instructions

- 1 Please complete the fillable pdf forms attached and submit to Olympia.
- 2 Olympia does NOT offer terms and credit card information must be submitted with account registration.

## Important Contact Information

➔ **Pricing Questions and New Product Information:**

Call (407) 673-2222 | Sales@olympiapharmacy.com

➔ **Billing and Accounting Inquiries:**

Call (407) 673-2222 | Accounting@olympiapharmacy.com

➔ **For Order Status:**

Call the pharmacy directly at (888) 323-7788

## Credit Card / Account Setup Form

I, \_\_\_\_\_ authorize Olympia Compounding Pharmacy to charge my account within 24 hours of orders being shipped with the chosen payment method on file.

**CHECK ONE :**      Visa          MC          AMEX   

Name (as appears on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Shipping Address (if different from billing): \_\_\_\_\_

Email (for sending invoices): \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_



## Agreement For Purchase Of Compounded Office Use

The practitioner agrees to purchase compounded medications for Office Use from Olympia Pharmacy under the following guidelines as required per Florida rule 64B16-27.700.

- 1 The compounded drug may only be administered to the patient and may not be dispensed to the patient or sold to any other person or entity;
- 2 The practitioner shall include on the patient's chart, medication order, or medication administration record the lot number and the beyond-use-date of any compounded drug administered to the patient that was provided by the pharmacy;
- 3 The practitioner will provide notification to the patient for the reporting of any adverse reaction or complaint in order to facilitate any recall of batches of compounded drugs.

Practitioner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

(City, State, Zip): \_\_\_\_\_

Signature: \_\_\_\_\_  Date: \_\_\_\_\_

NPI #: \_\_\_\_\_ DEA #: \_\_\_\_\_

## Physician's Office Contact Information

Physician Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Office Manager: \_\_\_\_\_ OM Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Physician Email: \_\_\_\_\_

## Physician Statement Regarding Office Visit Requirements

**Dear Doctor:** We understand that in some cases, the patient and the prescribing physician may reside in different states. In order to ensure that all prescriptions received by Olympia Pharmacy are pursuant to a valid doctor/patient relationship, we require that our prescribing physicians agree that the following elements are satisfied prior to sending us a prescription. For purposes of state law, many state authorities, with the endorsement of medical societies, consider the existence of the following four elements as an indication that a legitimate doctor/patient relationship has been established:

- A patient has a medical complaint;
- A medical history has been taken;
- A physical, in person, examination has been performed by the prescribing physician, and some logical connection exists between the medical complaint, the medical history, the physical examination, and the drug prescribed.
- All controlled medication ordered as "office use" will come clearly marked as "office use" and "not for resale".  
These medications are provided for the physician to administer to the patient in the office ONLY.

I \_\_\_\_\_, agree that all prescriptions sent to Olympia Pharmacy meet the criteria above. I agree that there is no other agreement written, oral or otherwise that negates this one.

Physician Signature: \_\_\_\_\_  Date: \_\_\_\_\_