



# GLP-1 Order Form

## Prescriber Information

Physician Name  NPI

Clinic Name

Clinic Address  Ste #

City  State  Zip

Phone  Email

I would like to learn more about opening an account with Olympia.

## Patient Information

Patient Name  DOB

Phone  Email

Patient Address  Apt #

City  State  Zip

## Medication Order

*We will contact the patient to collect payment and confirm shipping information. If you would like to place a bill to physician order, please call 407-250-4000 to sign up for an account.*

**Semaglutide 5mg/mL** QTY   
 3mL Dispense Volume  
 15mg Total

**Tirzepatide 25mg/mL** QTY   
 3mL Dispense Volume  
 75mg Total

Unit Conversion Chart 5mg/mL		
Volume	Units	Milligrams
0.05mL	5	0.25
0.1mL	10	0.5
0.2mL	20	1.0
0.35mL	35	1.75
0.5mL	50	2.5

Unit Conversion Chart 25mg/mL		
Volume	Units	Milligrams
0.1mL	10	2.5
0.2mL	20	5
0.3mL	30	7.5
0.4mL	40	10
0.5mL	50	12.5
0.6mL	60	15

Please include a 30 day supply of syringes.

Shipping Method:  Ground  3rd Day  2nd Day  Next Day

\*\*Tirzepatide requires Next Day Air on Ice.

Directions for Use  Refills

Physician Name  NPI

Physician Signature  Date

**Please fax this form to 407-604-6434**

4600 L B McLeod Road, Orlando, Florida 32811