



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

Semaglutide 1mg/mL QTY

5mL Dispense Volume

5mg Total

Unit Conversion Chart		
1mg/mL		
Volume	Units	Milligrams
0.25mL	25	0.25
0.50mL	50	0.5
1.0mL	100	1.0

For doses > 1mg/mL, please see Olympia's next vial size to allow patients at least a 30 day supply.

Semaglutide 5mg/mL QTY

3mL Dispense Volume

15mg 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

☐ My patient would like to learn more about OTC supplements that mitigate GLP-1 side effects.

☐ Please include a 30 day supply of syringes.

We will contact the patient to collect payment and confirm shipping information. All orders are shipped via UPS Next Day Air following payment. If you would like to place a bill to physician order, please call 407-250-4000 to sign up for an account.

Directions for Use Refills

Physician Name NPI

Physician Signature Date

Please fax this form to 407-604-6434