



# 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.

**Tirzepatide 25mg/mL** QTY

3mL Dispense Volume  
75mg Total

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

**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**

4600 L B McLeod Road, Orlando, Florida 32811