

**SEMAGLUTIDE PAD**

PATIENT	
Patient Name:	Date of Birth:
Address:	City:
State:	Zip:
Phone:	Email:
Bill to: <input type="checkbox"/> MD Office <input type="checkbox"/> Patient Deliver to: <input type="checkbox"/> MD Office <input type="checkbox"/> Patient <input type="checkbox"/> Deliver to home address? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If NO, rx will be delivered to MD office)</small>	

\*\*Pricing is subject to change\*\*  
 \*\*Additional shipping charges will apply\*\*

**PRESCRIPTION**
**SEMAGLUTIDE: INJECTION**
 **MONTH 1 PROTOCOL \$250**

Semaglutide 1mg Multi-Dose (1mL Vial) - 30 days  
 Weeks 1-4 = Inject 0.25mg (25 units) SQ weekly  
 (total 1 mg per month)

 **MONTH 2 PROTOCOL \$275**

Semaglutide 1mg Multi-Dose (2mL Vial) - 30 days  
 Weeks 5-8 = Inject 0.5mg (50 units) SQ weekly  
 (total 2 mg per month)

 **MONTH 3 PROTOCOL \$300**

Semaglutide 5mg Multi-Dose (1mL Vial) - 30 days  
 Weeks 9-12 = Inject 1.0mg (20 units) SQ  
 weekly (total 4 mg per month)

 **MONTH 4 PROTOCOL \$325**

Semaglutide 5mg Multi-Dose Vial 2mL  
 Units on INSULIN SYRINGE  
 Week 13-16: Inject 1.7 mg (34 Units) SQ  
 Weekly AND Week 17: Inject 2.4 mg (48 Units) SQ Weekly

 **MAINTENANCE PROTOCOL \$350**

Semaglutide 5mg Multi-Dose Vial 2mL  
 Units on INSULIN SYRINGE  
 Week 18 onwards: Inject 2.4mg (48 Units) SQ  
 Weekly Refills

Patients should continue with 2mL vials

**PHYSICIAN**

Physician Name:	Physician Signature:
Address:	City:
State:	Zip:
Phone:	Fax:
DEA:	NPI:

FDA does not review any compounded medication for safety/efficacy. CMPD refers to a compounded med.

