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SEMAGLUTIDE PAD

PATIENT	
Patient Name:	Date of Birth:
Address:	City:
State:	Zip:
Phone:	Email:
Bill to:	
Pricing is subject to change; additional shipping charges will apply.	
PRESCRIPTION	
SEMAGLUTIDE: INJECTION	
☐ MONTH 1 PROTOCOL \$250 Semaglutide/B12 1mg-250mcg (1mL) - 30 days Weeks 1-4 = Inject 0.3mg (30 units) SQ weekly (total 1 mg per month)	☐ MONTH 4 PROTOCOL \$325 Semaglutide/B12 5mg-250mcg 2mL Units on INSULIN SYRINGE Week 13-16: Inject 1.9mg (39 Units) SQ
MONTH 2 PROTOCOL \$275 Semaglutide/B12 1mg-250mcg (2mL) - 30 days Weeks 5-8 = Inject 0.6mg (55 units) SQ weekly (total 2 mg per month) MONTH 3 PROTOCOL \$300 Semaglutide/B12 5mg-250mcg (1mL) - 30 days Weeks 9-12 = Inject 1.2mg (25 units) SQ weekly (total 4 mg per month)	☐ MAINTENANCE PROTOCOL \$350 Semaglutide/B12 5mg-250mcg 2mL Units on INSULIN SYRINGE Week 21 onwards: Inject 2.75mg (53 Units) SQ Weekly Refills Patients should continue with 2mL
Must check a reason for this patient to receive compounded medication. Dispense as written. Reason from a recent prescription starting Feb 18 all prescription needs to have a reason.	
 □ B5/B12 needed for loss of energy □ Patient requires individualized titration in increments and doses not commercially available in prefilled injector □ Our formulations do not have preservatives while the commercially available products do □ Patient requires individualized titration in increments and doses not commercially available in prefilled injector 	
PHYSICIAN	
Physician Name:	Physician Signature:
Address:	City:
State:	Zip:
Phone:	Fax:
DEA:	NPI:

