

TIRZEPATIDE 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
TIRZEPATIDE: INJECTION
 MONTH 1 PROTOCOL \$320

Tirzepatide/Pyridoxine 10mg-4mg/mL Multi-Dose (1mL Vial) - 30 days
 Weeks 1-4 = Inject 2.5mg (25 units) SQ weekly (total 10mg per month)

 MONTH 2 PROTOCOL \$370

Tirzepatide/Pyridoxine 10mg-4mg/mL Multi-Dose (2mL Vial) - 30 days
 Weeks 5-8 = Inject 5mg (50 units) SQ weekly (total 20 mg per month)

 MONTH 3 PROTOCOL \$420

Tirzepatide/Pyridoxine 20mg-4mg/mL Multi-Dose (1.5mL Vial)- 30 days
 Weeks 9-12 = Inject 7.5mg (37.5 units) SQ weekly (total 30 mg per month)

 MONTH 4 PROTOCOL \$470

Tirzepatide/Pyridoxine 20mg-4mg/mL Multi-Dose Vial 2mL Units on
 INSULIN SYRINGE Week 13-16: Inject 10 mg (50 Units) SQ Weekly (total 40mg/month)

 MONTH 5 PROTOCOL \$520

Tirzepatide/Pyridoxine 20mg-4mg/mL Multi-Dose Vial 2.5mL Units on INSULIN SYRINGE Week 17-20: Inject 12.5 mg (62.5 Units) SQ Weekly (total 50mg/month)

 MAINTENANCE PROTOCOL(MONTH 6 AND ON) \$520

Tirzepatide/Pyridoxine 20mg-4mg/mL Multi-Dose Vial 3mL Units on INSULIN SYRINGE Week 21 onwards: Inject 15mg (75 Units) SQ Weekly (total 60mg/month)
 Refills

Patients should continue with 2mL vials

PHYSICIAN

| | |
|-----------------|-------|
| Physician Name: | |
| Address: | City: |
| State: | Zip: |
| Phone: | Fax: |
| DEA: | NPI: |

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

