

**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 \$300**

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

 **MONTH 2 PROTOCOL \$350**

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

 **MONTH 3 PROTOCOL \$400**

Tirzepatide 20mg 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 \$450**

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

 **MONTH 5 PROTOCOL \$500**

Tirzepatide 20mg 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) \$550**

Tirzepatide 20mg 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:	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.

