

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 \$250

Tirzepatide/B12 10mg-250mcg (1mL) - 30 days
 Weeks 1-4 = Inject 2.5mg (25 units) SQ weekly
 (total 10mg per month)

 MONTH 2 PROTOCOL \$250

Tirzepatide/B12 10mg-250mcg (2mL) - 30 days
 Weeks 5-8 = Inject 5mg (50 units) SQ weekly
 (total 20 mg per month)

 MONTH 3 PROTOCOL \$350

Tirzepatide/B12 20mg-250mcg (1.5mL)- 30 days
 Weeks 9-12 = Inject 7.5mg (37.5 units) SQ weekly
 (total 30 mg per month)

 MONTH 4 PROTOCOL \$350

Tirzepatide/B12 20mg-250mcg 2mL Units on
 INSULIN SYRINGE Week 13-16: Inject 10 mg (50 Units) SQ
 Weekly (total 40mg/month)

 MONTH 5 PROTOCOL \$350

Tirzepatide/B12 20mg-250mcg 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) \$400

Tirzepatide/B12 20mg-250mcg 3mL Units on INSULIN SYRINGE
 Week 21 onwards: Inject 15mg (75 Units) SQ Weekly (total
 60mg/month)

Refills

Patients should continue with 2mL

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.

