YOUR HEALTH PHARMACY

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Phone (866) 478-3761
Fax (888) 510-2297
Email: rx@yhpharmacy.com

SEMAGLUTIDE PAD

PATIENT	
Patient Name:	Date of Birth:
Address:	City:
State:	Zip:
Phone:	Email:
Bill to: ☐ MD Office ☐ Patient Deliver to: ☐ MD Office ☐ Patient ☐ Deliver to home address? ☐ Yes ☐ No (If NO, rx will be delivered to MD office)	

Pricing is subject to change
Additional shipping charges will apply

PRESCRIPTION

SEMAGLUTIDE: INJECTION

☐ **MONTH 1 PROTOCOL $150**
Semaglutide/B12 1mg-250mcg (1mL) - 30 days
Weeks 1-4 = Inject 0.25mg (25 units) SQ weekly
(total 1 mg per month)

☐ **MONTH 2 PROTOCOL $150**
Semaglutide/B12 1mg-250mcg (2mL) - 30 days
Weeks 5-8 = Inject 0.5mg (50 units) SQ weekly
(total 2 mg per month)

☐ **MONTH 3 PROTOCOL $150**
Semaglutide/B12 5mg-250mcg (1mL) - 30 days
Weeks 9-12 = Inject 1.0mg (20 units) SQ
weekly (total 4 mg per month)

☐ **MONTH 4 PROTOCOL $150**
Semaglutide/B12 5mg-250mcg 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 $150**
Semaglutide/B12 5mg-250mcg 2mL
Units on INSULIN SYRINGE
Week 18 onwards: Inject 2.4mg (48 Units) SQ
Weekly 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.