

SEMAGLUTIDE 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
SEMAGLUTIDE: INJECTION
☐ **MONTH 1 PROTOCOL \$250**

Semaglutide/B5 1mg-250mcg (1mL) - 30 days
 Weeks 1-4 = Inject 0.3mg (30 units) SQ weekly
 (total 1 mg per month)

☐ **MONTH 2 PROTOCOL \$275**

Semaglutide/B5 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/B5 5mg-250mcg (1mL) - 30 days
 Weeks 9-12 = Inject 1.2mg (25 units) SQ
 weekly (total 4 mg per month)

☐ **MONTH 4 PROTOCOL \$325**

Semaglutide/B5 5mg-250mcg 2mL
 Units on INSULIN SYRINGE
 Week 13-16: Inject 1.9mg (39 Units) SQ

☐ **MAINTENANCE PROTOCOL \$350**

Semaglutide/B5 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.

<input type="checkbox"/> B5/ B12 needed for loss of energy <input type="checkbox"/> Patient requires individualized titration in increments and doses not commercially available in prefilled injector <input type="checkbox"/> Our formulations do not have preservatives while the commercially available products do <input type="checkbox"/> 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:

