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**SEMAGLUTIDE PAD** 

Patient Name:  Address:  City:  State:  Phone:  Email:  Bill to:	PATIENT		
State:   Zip:	Patient Name:	Date of Birth:	
Phone:   Bill to:   MD Office   Patient   Deliver to home address?   Yes   No	Address:	City:	
Bill to:   MD Office   Patient   Deliver to home address?   Yes   No    Pricing is subject to change; additional shipping charges will apply.  PRESCRIPTION  SEMAGLUTIDE: INJECTION    MONTH 1 PROTOCOL \$250   MONTH 4 PROTOCOL \$325   Semaglutide/B5 1mg-250mcg (1mL) - 30 days   Weeks 1-4 = Inject 0.3mg (30 units) SQ weekly (total 1 mg per month)   Week 13-16: Inject 1.9mg (39 Units) SQ      MONTH 2 PROTOCOL \$275   Week 13-16: Inject 1.9mg (39 Units) SQ      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)   Units on INSULIN SYRINGE   Week 21 onwards: Inject 2.75mg (53 Units) SQ   Weeks 9-12 = Inject 1.2mg (25 units) SQ   Weeks 9	State:	Zip:	
Deliver to:	Phone:	Email:	
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) Week 13-16: Inject 1.9mg (39 Units) SQ Weeks 5-8 = Inject 0.6mg (55 units) SQ weekly (total 2 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) Units on INSULIN SYRINGE Week 21 onwards: Inject 2.75mg (53 Units) SQ Weeks 7-12 = Inject 1.2mg (25 units) SQ Weekly Refills Weekly Refills Weekly (total 4 mg per month)  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.  B5/ B12 needed for loss of energy Patient requires individualized titration in increments and doses not commercially available in prefilled injector Our formulations do not have preservatives while the commercially available in prefilled injector PHYSICIAN	Deliver to: ☐ MD Office ☐ Patient ☐ Deliver to home address? ☐ Yes ☐ No		
SEMAGLUTIDE: INJECTION  MONTH 1 PROTOCOL \$250 Semaglutide/B5 1 mg-250mcg (1mL) - 30 days Weeks 1-4 = Inject 0.3mg (30 units) SQ weekly Units on INSULIN SYRINGE Weeks 1-3-16: Inject 1.9mg (39 Units) SQ  MONTH 2 PROTOCOL \$275 Semaglutide/B5 1 mg-250mcg (2mL) - 30 days Weeks 5-8 = Inject 0.6mg (55 units) SQ weekly Units on INSULIN SYRINGE Units on INSULIN SYRINGE Week 21 onwards: Inject 2.75mg (53 Units) SQ  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)  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.  B5/ B12 needed for loss of energy Patient requires individualized titration in increments and doses not commercially available in prefilled injector Our formulations do not have preservatives while the commercially available products do PHYSICIAN	Pricing is subject to change; additional shipping charges will apply.		
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□ Patient requires individualized titration in increments and doses not commercially available in prefilled injector □ Our formulations do not have preservatives while the commercially available products do □ Patient requires individualized titration in increments and doses not commercially available in prefilled injector  PHYSICIAN	Semaglutide/B5 1mg-250mcg (1mL) - 30 days  Weeks 1-4 = Inject 0.3mg (30 units) SQ weekly (total 1 mg per month)  Week 13-16: Inject  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)  Must check a reason for this patient to receive compounded medication. Dispense	emg-250mcg 2mL SYRINGE ct 1.9mg (39 Units) SQ  CE PROTOCOL \$350 emg-250mcg 2mL SYRINGE st Inject 2.75mg (53 Units) SQ  ontinue with 2mL	
Physician Name: Physician Signature:	☐ Patient requires individualized titration in increments and doses not commercially available in prefilled injector ☐ Our formulations do not have preservatives while the commercially available products do ☐ Patient requires individualized titration in increments and doses not commercially available in prefilled injector		
		Physician Signature:	
Address: City:	Address:	City:	
State: Zip:	State:	Zip:	
Phone: Fax:	Phone:	Fax:	
DEA: NPI:	DEA:	NPI:	

