

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/B12 10mg-250mcg (1mL) - 30 days
 Weeks 1-4 = Inject 3mg (30 units) SQ weekly
 (total 10mg per month)

☐ **MONTH 2 PROTOCOL \$350**

Tirzepatide/B12 10mg-250mcg (2mL) - 30 days
 Weeks 5-8 = Inject 6mg (55 units) SQ weekly
 (total 20 mg per month)

☐ **MONTH 3 PROTOCOL \$400**

Tirzepatide/B12 20mg-250mcg (1.5mL)- 30 days
 Weeks 9-12 = Inject 9mg (42.5 units) SQ weekly
 (total 30 mg per month)

☐ **MONTH 4 PROTOCOL \$450**

Tirzepatide/B12 20mg-250mcg 2mL Units on
 INSULIN SYRINGE Week 13-16: Inject 11mg (55 Units) SQ
 Weekly (total 40mg/month)

☐ **MONTH 5 PROTOCOL \$500**

Tirzepatide/B12 20mg-250mcg 2.5mL Units on INSULIN
 SYRINGE Week 17-20: Inject 14mg (67.5 Units) SQ Weekly
 (total 50mg/month)

☐ **MAINTENANCE PROTOCOL(MONTH 6 AND ON) \$550**

Tirzepatide/B12 20mg-250mcg 3mL Units on INSULIN SYRINGE
 Week 21 onwards: Inject 17mg (80 Units) SQ Weekly (total
 60mg/month)
 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"/> B6/ 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:

