



PLEASE FAX ALL PRESCRIPTIONS TO: 972-660-1239

_____ Mail _____ Pick Up

Date. ____/____/____

Patient		D.O.B.	
Home Phone		Mobile	
Address			
City	State	Zip Code	

COMPOUNDED SEMAGLUTIDE

Dosage:

- 1 mg daily (1 mg/0.5 ml)
- 2 mg daily (2 mg/0.5 ml)
- 3 mg daily (3 mg/0.5 ml)

Directions:

- Initial: Place 0.125 ml under your tongue for at least 90 seconds, then swallow every day. After 1 week increase to 0.25ml. May increase to 0.5 ml daily as tolerated and directed by prescriber. **Nothing by mouth (food/drink/medication) within 30 minutes of dose.
- Place 0.5 ml under your tongue for at least 90 seconds, then swallow every day. **Nothing by mouth (food/drink/medications) within 30 minutes of dose.
- Alternate RX

Quantity:

- 15 ml (30 day supply)

Refill ____ times

Providers do NOT have to use this order form for prescribing – you can E-Prescribe through normal conventional systems if you prefer.

Physician's Name: _____ Physician's Signature: _____

DEA #: _____ NPI #: _____ Phone #: _____ Fax #: _____