## COMPOUNDED MEDICATIONS FOR WEIGHT LOSS

Patient Name Jane Doe		Date <u>1 / 8 / 2024</u>
Address 1234 W. 5th Street		DOB1 <u>  15   1980</u>
City_Phoenix	State AZ	Zip <u>85123</u>
Phone (_602) _555-1010	Allergies NKDA	
Alternate Phone ( 623 ) 555-0101	Diagnosis Medical Weight Loss	
Rx **PLEASE FAX	X COPIES OF DEMOGRAPHICS**	
Prescribed Medications:		
Injectable:		
☐ Semaglutide 2.5 mg/mL Injection vial (116514)		
☐ Semaglutide 5 mg/mL Injection vial (116686)		
Directions (check one): Inject □ 0.25mg □ 0.	5mg □ 1mg □ 1.7mg □ 2.4mg SQ weekly	
☐ Tirzepatide 20 mg/mL Injection vial (116520)		
Directions (check one): Inject □ 2.5mg □ 5mg	g 🗖 10mg 🗖 12.5mg 🗖 15mg SQ weekly	
Directions		
Quantity to Dispense (mL)		
Sublingual:		
☐ Semaglutide 1mg/mL Sublingual Suspension (117		
Semaglutide 0.75mg/mL / Tirzepatide 0.25mg/m	nL Sublingual Suspension (117788)	
Directions: (check one)		
	the tongue for 90 seconds once daily for first week, plements for 30 minutes before or after administeri	
Maintenance Dose: Place and hold 1mL und for 30 minutes before or after administering.	ler the tongue for 90 seconds once daily. No food, d	rink, or medication/supplements
☐ Semaglutide 3mg/mL Sublingual Suspension (118	3076)	
Directions: (check one)		
	the tongue for 90 seconds once daily for first week, plements for 30 minutes before or after administeri	•
Maintenance Dose: Place and hold (check of No food, drink, or medication/supplements for	one) 🗖 0.5mL 🗖 0.75mL 🗖 1mL under the tonguor 30 minutes before or after administering.	e for 90 seconds once daily.
□ Other		
Quantity to Dispense (check one): 4 30mL 🖵 60	ml	
Quantity to dispense (cneck one): 2 30mL 4 60	IIIL 🗀 90IIIL	

Refills (Refills expire after one year if not utilized) 0 1 2 3 4 5 1 Year

Not a valid prescription.

Please use this as a guide to call in, write, or prescribe via EMR.

