



# COMPOUNDED SEMAGLUTIDE

Patient \_\_\_\_\_ Prescriber \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Allergies \_\_\_\_\_



**Compound Semaglutide and Cyanocobalamin 1mg/1mg/1ml suspension**

SIG: Take 0.5ml under the tongue daily for 7 days then may increase as tolerated up to 1ml daily as directed by prescriber.

Cash Price: \$210

# 30 ml

Refill \_\_\_\_\_ times

**Ondansetron 4mg ODT**

SIG: Place one tablet on tongue and allow to dissolve every 4-6 hours as needed for nausea. Take first tablet 30 minutes prior to semaglutide dose increase.

Cash Price: \$10

# 10 Tablets

Refill \_\_\_\_\_ times

### Prescriber's Signature

\_\_\_\_\_  
SUBSTITUTION PERMITTED

\_\_\_\_\_  
DISPENSE AS WRITTEN

Date \_\_\_\_\_

**Cape Girardeau** | 2001 Independence St.  
(573) 334-1300 | FAX (573) 334-0493

**Gideon** | 111 N. Main St.  
(573) 448-3333 | FAX (573) 448-3335

**Poplar Bluff** | 909 W. Pine St.  
(573) 785-0984 | FAX (573) 785-2257

**Altenburg** | 8491 Main St.  
(573) 824-8888 | FAX (573) 824-7777

**Charleston** | 101 N. Main St.  
(573) 683-3366 | FAX (573) 683-6055

**Puxico** | 190 W. Richardson Ave.  
(573) 222-6206 | FAX (573) 222-6406