



COMPOUNDED SEMAGLUTIDE

COMPOUNDED TIRZEPATIDE

Patient _____ Prescriber _____

DOB _____ Phone _____

Phone _____ Fax _____

Address _____ Address _____

Allergies _____



SUBLINGUAL

Compound Semaglutide 1mg/1ml suspension

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

Cash Price: \$175 # 30 ml Refills _____

Compound Tirzepatide xxxmg/1ml suspension

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

Cash Price: \$ # ml Refills _____ COMING SOON

INJECTABLE

Compound Semaglutide 2.5mg/ml injection

SIG: Inject 0.1ml SQ once a week for 4 weeks. May increase dose as directed by prescriber.

Cash Price: \$250 #2 ml Refills _____

Compound Tirzepatide xxxmg/ml injection

SIG: Inject XXXml SQ once a week for 4 weeks. May increase dose as directed by prescriber.

Cash Price: \$ #XX ml Refills _____ COMING SOON

ANTI-NAUSEA

Ondansetron 4mg ODT

Cash Price: \$10 # 10 Tabs Refills _____

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.

Prescriber's Signature

SUBSTITUTION PERMITTED DISPENSE AS WRITTEN Date _____

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

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

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

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

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