



P: 734-429-9053 | F: 734-944-3934

968 E Michigan Ave | Saline, MI 48176

Mon - Fri: 9am-6pm | Sat: 9am-3pm | Sun: Closed

# COMPOUNDED SUBLINGUAL SEMAGLUTIDE

**NOW AVAILABLE IN 10MG/ML CONCENTRATION FOR EASIER DOSING AND GREATER COST EFFECTIVENESS**

## PATIENT INFORMATION

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

## PRESCRIBER INFORMATION

Name: \_\_\_\_\_

NPI: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## PRESCRIPTION (SELECT ONE)

SIG: Compounded Semaglutide in SubMagna™ HMW suspension | 10mg/ml

\_\_\_\_\_ GLP-1 Naive Protocol

Weeks 1-4: Take 0.25ml daily. Assess efficacy for patient and increase if needed.

Weeks 5-8: Take 0.5ml daily. Assess efficacy for patient and increase if needed.

Weeks 9-12: Take 0.75ml daily. Assess efficacy for patient and increase if needed.

Weeks 13+: Take 1ml daily.

Qty: 30ml      Refill 2 times

\_\_\_\_\_ Other dosing or maintenance dose

Take \_\_\_\_\_mg daily

Qty: 30ml      Refill \_\_\_\_\_ times

Prescriber's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Updated 11/14/2024*

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