



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 SEMAGLUTIDE

PATIENT INFORMATION

Name: _____

DOB: _____

Address: _____

Phone: _____

Allergies: _____

PRESCRIBER INFORMATION

Name: _____

NPI: _____

Address: _____

Phone: _____

Fax: _____

PRESCRIPTION (SELECT ONE)

_____ **13-Week Protocol:** This protocol is based on patient feedback and response to get patients to an effective maintenance dose efficiently.

1st fill: Semaglutide 1mg/ml Suspension

Place 0.5ml under the tongue for a minimum of 2 minutes once daily for 2 weeks then increase to 1ml once daily. Do not eat or drink anything for 30 minutes after dose

2nd fill: Semaglutide 2mg/ml Suspension

Place 1ml under the tongue for a minimum of 2 minutes once daily. Do not eat or drink anything for 30 minutes after dose

3rd fill: Semaglutide 3mg/ml Suspension

Place 1ml under the tongue for a minimum of 2 minutes once daily. Do not eat or drink anything for 30 minutes after dose

Maintain dosage of 3mg/ml daily thereafter

_____ **Other:** Once daily, place _____ml under tongue for a minimum of 2 minutes before swallowing. Do not eat or drink for 30 minutes after dose.

SIG: Compounded Semaglutide in SubMagna™ HMW (Select one)

_____ 1mg/ml suspension _____ 2mg/ml suspension _____ 3mg/ml suspension

Qty (in 30ml increments): _____

Refill _____ times

Prescriber's Signature: _____

Date: _____

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