



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

SIG: Compounded Semaglutide 1mg-1ml in SubMagna™ HMW

_____ **Initial:** Place 0.3ml under the tongue for minimum of 2 minutes before swallowing once daily for 1 week. Increase to 0.5ml once daily for 2 to 4 weeks and then contact prescriber for dosage escalation if needed. Do not eat or drink for 30 minutes after taking medication.

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

Qty (in 30ml increments): _____

Refill _____ times

Prescriber's Signature: _____

Date: _____

**FAX TO JENSEN'S COMMUNITY PHARMACY
734-944-3934**