



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 for GLP-1 Naive Patients:** This protocol is based on patient feedback and response to get patients to an effective maintenance dose efficiently.

Weeks 1-5: Semaglutide 2mg/ml: 0.5ml (1mg) daily for 2 weeks and increase to 1ml (2mg) daily
Assess efficacy for patient and increase if needed

Weeks 6-9: Semaglutide 3mg/ml: take 1ml (3mg) daily
Assess efficacy for patient and increase if needed

Weeks 10-13: Semaglutide 4mg/ml: take 1ml (4mg) daily
Assess efficacy for patient and increase if needed

_____ **Patients who have been on a GLP-1 recently:** Patients will need a higher dose to start than GLP-1 naive patients. Recommended starting dose is 3mg daily.

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

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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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