Semaglutide Prescription Order Form

Patient Name: _____ Date of Birth: _____ Date: _____ Phone: _____Email: _____

Address: _____City: _____ State: _____ Zip: _____ Allergy: _____ Diagnosis: _____ License/ID: _____

This Compounded Medication is Medically Necessary	Dose	Quantity	Instructions
	Select one	*Select one*	*Select one*
Semaglutide /Cyanocobalamin (B12)	☐ 2mg/0.4mg/mL (1mL Vial) ☐ 5mg/0.2mg/mL (2mL Vial)	☐ 1 Vial ☐ 2 Vials ☐ 3 Vials	☐ Inject 0.25mg subcutaneously weekly for 4 weeks ☐ Inject 0.5mg subcutaneously weekly for 4 weeks ☐ Inject 1mg subcutaneously weekly for 4 weeks ☐ Inject 1.7mg subcutaneously weekly for 4 weeks (2mL Vial Recommended) ☐ Inject 2.4mg subcutaneously weekly for 4 weeks (2mL Vial Recommended) ☐ ____mg – Inject ____ units subcutaneously weekly for 4 weeks

Dr. Name (Print) _____ Signature _____ License _____

NPI # _____ Phone Number _____ Fax Number_____ Email_____

Address_____ City _____ State_____ Zip _____

NOTICE TO PRESCRIBERS

With the recent resolution of the semaglutide shortage, we will no longer compound commercially available semaglutide products. However, we will continue to provide a **custom compounded semaglutide formulation** only for patients with **specific medical needs** that cannot be addressed with the commercial product. These may include, but are not limited to:

☐ Intolerance to rapid titration due to severe gastrointestinal effects (e.g., nausea, vomiting)
☐ Fatigue or metabolic insufficiency
☐ Unintended muscle loss
☐ Need for alternative strengths, delivery systems, or inactive ingredient profiles
☐ Other_____

By signing this prescription, you acknowledge that:

- The patient has a documented clinical need for a compounded version of semaglutide
- The commercial product is **not appropriate or sufficient** for this patient
- You are requesting this compounded medication as a **personalized therapy** under your professional judgment

⚠ *This product is compounded in compliance with Section 503A of the FD&C Act and is not FDA-approved. It is provided pursuant to a valid patient-specific prescription.*

This document contains HIPAA-protected health information.