Tirzepatide 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 *Select one*	Quantity *Select one*	Instructions *Select one*
☐ *Tirzepatide/**Cyanocobalamin (B12)*** 12.5mg—0.5mg/mL	☐ 1 Vial	☐ 2.5mg – Inject 20 units (0.2mL) subcutaneously weekly for 4 weeks (5mL vial) ☐ 5mg – Inject 40 units (0.4mL) subcutaneously weekly for 4 weeks (5mL vial)
☐ *Tirzepatide/**Pyridoxine (B6)*** 12.5mg—50mg/mL	☐ 2 Vials	☐ 7.5mg – Inject 60 units (0.6mL) subcutaneously weekly for 4 weeks (5mL vial) ☐ 10mg – Inject 80 units (0.8mL) subcutaneously weekly for 4 weeks (5mL vial)
☐ *Tirzepatide/**Leucine/Isoleucine/Valine*** 12.5mg—10mg—10mg—10mg/mL	☐ 3 Vials	☐ 12.5mg – Inject 100 units (1mL) subcutaneously weekly for 4 weeks (5mL vial) ☐ ____mg – Inject ____ units subcutaneously weekly for 4 weeks (5mL vial)

Dr. Name (Print) _____ Signature _____ License _____

NPI # _____ Phone Number _____ Fax Number_____ Email_____

Address_____ City _____ State_____ Zip _____

With the recent resolution of the tirzepatide shortage, we will no longer compound commercially available tirzepatide products. However, we will continue to provide a **custom compounded tirzepatide 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 tirzepatide
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 compounded preparation is provided under Section 503A of the Federal Food, Drug, and Cosmetic Act. It is not FDA-approved and is dispensed only with a valid patient-specific prescript.*

This document contains HIPAA-protected health information.