Wellness & Vitality Protocol

Order Form

AREA RESERVED FOR PHARMACY

Lake Country COMPOUNDING & Wellness

Prescriber Information		
Practice Name		
Street Address		
City	State	ZIP
Phone	Fax	

Patient Information		
Name		DOB
Street Address		
City	State	ZIP
Phone	Email	
Allergies	Sex	

Pharmacy To Dispense			
Sermorelin Inj **2.5 mg/1 mL** solution			
Please choose Sig:			
☐	Inject 10 units (250mcg) SQ 60 min before bedtime;		
	Use for 5 nights per week and rest for 2 nights.		
☐	Other _____		
Quantity	☐ 1 vial (4 wks)	Other: ____ (60 day max)	# of refills: ____

Nicotinamide Adenine Dinucleotide (NAD+) **100 mg/mL** (250 mg/2.5mL)		
Please choose Sig:		
☐	Inject 50 mg (50 units) SQ no more than 5 days/week	
☐	Other _____	
☐	10 mL (4 x 2.5 mL vials) * $169	
☐	20 mL (8 x 2.5 mL vials) * $299	
☐	_____ mL (must be in multiple of 10 mL)	
		Refills: _____

Pharmacy Reference

Sermorelin	
Units/Week	Vial Size
50-70	3 mL -- $119
* 2 Months	6mL -- $199

Prescriber must use multiples of 2.5 mL vials.

NAD+	
Units/Week	Vial Size
250	2.5mL

Prescriber Section	
I certify that the above patient does not have a family/personal history preventing the use of Sermorelin or NAD+.	
Prescriber	NPI
Prescriber Signature	Date/Time

Send the completed form to Lake Country Compounding

Fax: 762-777-7002