

Weight-Loss Protocol

Order Form



121 Harmony Xing, Ste 3
Eatonton, GA 31024
Ph (762) 777-7001
Fax (762) 777-7002

Prescriber Information		
Practice Name		
Street Address		
City	State	ZIP
Phone	Fax	

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

Pharmacy To Dispense			
Semaglutide-Niacinamide-Cyanocobalamin 2.5-2-0.5 mg/mL (MDV) (please choose Sig:)			
☐	Inject 10 UNITS (0.25 mg) SQ once a week for 4 weeks and titrate UD		
☐	Inject 20 UNITS (0.5 mg) SQ once a week for 4 weeks and titrate UD		
☐	Inject 40 UNITS (1 mg) SQ once a week for 4 weeks and titrate UD		
☐	Inject 60 UNITS (1.5 mg) SQ once a week for 4 weeks and titrate UD		
☐	Inject 80 UNITS (2 mg) SQ once a week for 4 weeks and titrate UD		
☐	Inject 100 UNITS (2.5 mg) SQ once a week for 4 weeks and titrate UD		
☐	Inject _____ UNITS SQ once a week for 4 weeks and titrate UD		
Quantity	☐ 1 month	Other: _____ (60 day max)	# of refills: _____
Tirzepatide-Niacinamide-Cyanocobalamin 10-2-0.5 mg/mL (MDV) (please choose Sig:)			
☐	Inject 25 UNITS (2.5 mg) SQ once a week for 4 weeks and titrate UD		
☐	Inject 50 UNITS (5 mg) SQ once a week for 4 weeks and titrate UD		
☐	Inject 75 UNITS (7.5 mg) SQ once a week for 4 weeks and titrate UD		
☐	Inject 100 UNITS (10 mg) SQ once a week for 4 weeks and titrate UD		
☐	Inject 125 UNITS (12.5 mg) SQ once a week for 4 weeks and titrate UD		
☐	Inject 150 UNITS (15 mg) SQ once a week for 4 weeks and titrate UD		
☐	Inject _____ UNITS SQ once a week for 4 weeks and titrate UD		
Quantity	☐ 1 month	Other: _____ (60 day max)	# of refills: _____

Pharmacy Reference																										
Prescriber does not need to fill out this section.																										
<table border="1"> <tr> <th colspan="3">SemaPlus (max 10mL)</th> </tr> <tr> <th>Units/Week</th> <th>Vial Size</th> <th></th> </tr> <tr> <td>10-25</td> <td>1mL</td> <td>\$159</td> </tr> <tr> <td>26-50</td> <td>2mL</td> <td>\$239</td> </tr> <tr> <td>51-75</td> <td>3mL</td> <td>\$289</td> </tr> <tr> <td>76-100</td> <td>2mL + 2mL</td> <td>\$339</td> </tr> <tr> <td>100+</td> <td>3mL + 2mL</td> <td>\$379</td> </tr> </table>			SemaPlus (max 10mL)			Units/Week	Vial Size		10-25	1mL	\$159	26-50	2mL	\$239	51-75	3mL	\$289	76-100	2mL + 2mL	\$339	100+	3mL + 2mL	\$379			
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* New Size (SemaPlus Only) * 10 units or less -- 0.5mL -- \$109 *																										
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Vials expire 28 days after first puncture by patient. Pharmacy to dispense appropriate volume and quantity of U-100 syringes/needles.																										

Prescriber Section		
<p>This formulation combines a GLP-1 receptor agonist with Vitamin B12 and Vitamin B3 in a multidose vial, to meet the specific therapeutic needs of this individual patient. The inclusion of B12 and B3 is based on my clinical judgment of this patient's requirements. The multidose vial allows for flexible dose titration in both directions—either increasing or decreasing the dose as needed—to optimize treatment for this patient's unique condition. The pharmacy is directed to compound this preparation exclusively for the patient named in this prescription, with all dosing and administration to follow my specified instructions.</p> <p>I certify that the above patient does not have a family/personal history of Medullary Thyroid Cancer or a personal history of Multiple Endocrine Neoplasia.</p>		
Prescriber	Physician	NPI
Prescriber Signature		Date/Time

Fax the completed form to
Lake Country Compounding & Wellness

Fax: (762) 777-7002