



# COMPOUNDED SEMAGLUTIDE

Patient \_\_\_\_\_ Prescriber \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Allergies \_\_\_\_\_



**Compound Semaglutide and Cyanocobalamin  
1mg/1mg/1ml suspension**

SIG: Take 0.25ml under the tongue daily for 7 days  
then increase to 0.5ml daily or as directed by  
prescriber.

Cash Price: \$200

# 15ml

Refill \_\_\_\_\_ times

**Prescriber's Signature**

\_\_\_\_\_  
SUBSTITUTION PERMITTED

DISPENSE AS WRITTEN

Date \_\_\_\_\_