



# 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. May increase to 1ml daily as tolerated and directed by prescriber.

Cash Price: \$250

# 30ml

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

**Prescriber's Signature**

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

DISPENSE AS WRITTEN

Date \_\_\_\_\_