

COMPOUNDED GLP-1 PRESCRIPTION ORDER FORM

PATIENT NAME: _____ DOB: _____

ADDRESS: _____ PHONE: _____ ALLERGIES: _____

SEMAGLUTIDE Additives: Methylcobalamin, L-Carnitine					
Weekly Dose	Concentration	Volume	Inj/Dose	Additive (circle one)	Refills
<input type="checkbox"/> 0.22 mg	0.44 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine	
<input type="checkbox"/> 0.44 mg	0.88 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine	
<input type="checkbox"/> 0.88 mg	1.76 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine	
<input type="checkbox"/> 1.5 mg	3.00 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine	
<input type="checkbox"/> 2.21 mg	4.42 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine	
<input type="checkbox"/> 2.67 mg	5.34 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine	

TIRZEPATIDE Additives: Methylcobalamin, L-Carnitine, Glycine					
Weekly Dose	Concentration	Volume	Inj/Dose	Additive (circle one)	Refills
<input type="checkbox"/> 2.2 mg	4.4 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine / Glycine	
<input type="checkbox"/> 4.4 mg	8.8 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine / Glycine	
<input type="checkbox"/> 6.6 mg	13.2 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine / Glycine	
<input type="checkbox"/> 8.8 mg	17.6 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine / Glycine	
<input type="checkbox"/> 11.24 mg	22.48 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine / Glycine	
<input type="checkbox"/> 13.2 mg	26.4 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine / Glycine	
<input type="checkbox"/> 16.6 mg	33.2 mg/mL	2 mL	0.50 mL / 50 units	Methylcobalamin / L-Carnitine / Glycine	

REQUIRED: Clinical Reasoning (why a compound is needed). Please check one below.

- Increase Energy, Combat Fatigue
- Help Prevent Loss of Lean Muscle Mass
- Other: _____:

OPTIONAL: Nausea Management

- Ondansetron 4 mg ODT: Dissolve 1 tablet on tongue every 8 hours as needed for nausea. Qty _____

PRESCRIBER NAME: _____ NPI: _____ DATE: _____

ADDRESS: _____ PHONE: _____