

SEMAGLUTIDE OPTIONS RX FORM

*This information is provided for reference only. We kindly ask you to prescribe based on the patient's specific needs and adjust the treatment plan as necessary.

DATE: _____

PATIENT NAME: _____ DOB: _____

PATIENT ADDRESS: _____ PATIENT PHONE: _____

SEMAGLUTIDE / L-CARNITINE	SEMAGLUTIDE / METHYLCOBALAMIN
Semaglutide / L-Carnitine 2.16mg-100mg/mL Compound Inject 12.5 units (0.27mg-12.5mg) SQ weekly for 4 weeks #1 mL vial (28 day supply)	Semaglutide / Methylcobalamin 2.16-100mcg/mL Compound Inject 12.5 units (0.27mg-12.5mg) SQ weekly for 4 weeks #1 mL vial (28 day supply)
Semaglutide / L-Carnitine 2.16mg-100mg/mL Compound Inject 25 units (0.54mg-25mg) SQ weekly for 4 weeks #1 mL vial (28 day supply)	Semaglutide / Methylcobalamin 2.16-100mcg/mL Compound Inject 25 units (0.54mg-25mg) SQ weekly for 4 weeks #1 mL vial (28 day supply)
Semaglutide / L-Carnitine 2.16mg-100mg/mL Compound Inject 50 units (1.08mg-50mg) SQ weekly for 4 weeks #2 mL vial (28 day supply)	Semaglutide / Methylcobalamin 2.16-100mcg/mL Compound Inject 50 units (1.08mg-50mg) SQ weekly for 4 weeks #2 mL vial (28 day supply)
Semaglutide / L-Carnitine 2.16mg-100mg/mL Compound Inject 100 units (2.16mg-100mg) SQ weekly for 4 weeks #4 mL vial (28 day supply)	Semaglutide / Methylcobalamin 2.16-100mcg/mL Compound Inject 100 units (2.16mg-100mg) SQ weekly for 4 weeks #4 mL vial (28 day supply)

Clinical Reasoning / Other Dosing: REQUIRED

REFILLS: _____

PHYSICIAN NAME: _____ PHYSICIAN NPI: _____

PHYSICIAN ADDRESS: _____ PHONE: _____

PHYSICIAN SIGNATURE: _____