Weight-Loss Protocol

Order Form

AREA RESERVED FOR PHARMACY

Hogan's PHARMACY EST. 1976

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.

SemaPlus (max 10mL)	
Units/Week	Vial Size
10-25	1mL
26-50	2mL
51-75	3mL
76-100	2mL + 2mL
100+	3mL + 2mL

TirzPlus ((max 12mL)	
Units/Week	Vial Size
10-25	1mL
26-50	2mL
51-75	3mL
76-100	2mL + 2mL
101-125	2mL + 3mL
126+	3mL + 3mL

Vials expire 28 days after first puncture by patient. Pharmacy to dispense appropriate volume and quantity of U-100 syringes/needles.

Prescriber Section

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.

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.

Prescriber	Physician	NPI
Prescriber Signature		Date/Time

Send the completed form to Hogan's Pharmacy

Fax: (229) 244-5357