



**SUBLINGUAL SEMAGLUTIDE
ORDER FORM**

Patient's Name:	Prescriber's Name:
Street Address:	Street Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Office #:
Phone #:	Fax #:
Additional Contact #:	Patient Allergies:

PRESCRIBER'S SIGNATURE: **X**

DATE: _____

COMPOUNDED SUBLINGUAL SEMAGLUTIDE

1. ____ Semaglutide 2mg-1ml in [SubMagna™ HMW](#)
 2. ____ Semaglutide 3mg-1ml in [SubMagna™ HMW](#)
 - i. ____ **Initial Dose:** Place 0.5ml under tongue for a minimum of 90 seconds (ideally as long as possible) then swallow once daily, increase to 1.0ml on second week. Do not eat for 30 minutes.
Other Doses:
 - ii. ____ Place 1.5ml under tongue for a minimum of 90 seconds (ideally as long as possible) then swallow once daily. Do not eat for 30 minutes.
 - iii. ____ Place 2.0ml under tongue for a minimum of 90 seconds (ideally as long as possible) then swallow once daily. Do not eat for 30 minutes.
- If you would like patient to use step therapy until 2.0ml daily dose is reached please initial here: ____ *Patient will increase dosage monthly until 2.0ml is reached.
 - Refills ____

FDA does not review compounded medication for safety or efficacy. SubMagna™ HMW is a registered trademark of Kingdom Licensing.

*06.09.2025