



 McHugh Pharmacy Group

**True Compounding**

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truecompounding.net

## Semaglutide Troches

### Prescription Order Form

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Strength:** ☐ 250 mcg ☐ 500 mcg ☐ 750 mcg ☐ 1 mg ☐ 2 mg

**Directions:** Dissolve 1 troche between cheek & gum QAM.

**Quantity:** 30 troches

**Refills:** \_\_\_\_\_

**Troche Flavor (Choose 1):**

☐ Chocolate ☐ Peppermint ☐ Strawberry  
☐ Marshmallow

**Provider's Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

☒ \_\_\_\_\_  
Dispense as written

☒ \_\_\_\_\_  
Substitution permitted