



 McHugh Pharmacy Group

True Compounding

634-C Pine Ridge Dr, West Columbia, SC 29172

Phone: (803)-888-2990 | Fax: (803)-888-2987

truecompounding.net

Semaglutide Troches

Prescription Order Form

Date: _____

Patient's Name: _____

DOB: _____ Phone Number: _____

Strength: 250 mcg 500 mcg 1 mg Other: _____

Directions: Dissolve 1 troche between cheek & gum QAM.

Quantity: 30 troches

Refills: _____

Troche Flavor (Choose 1):

Chocolate Marshmallow Peppermint Strawberry

Provider's Name: _____

Phone Number: _____ NPI: _____

Dispense as written

Substitution permitted