



**True Compounding**

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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  Peppermint  Strawberry  Banana  Grape  
 Marshmallow

Raspberry  Bubblegum  Spearmint  Orange  Cherry

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

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

\_\_\_\_\_  
Dispense as written

\_\_\_\_\_  
Substitution permitted