True Compounding
634-C Pine Ridge Dr, West Columbia, SC 29172
Phone: (803)-888-2990 | Fax: (803)-888-2987
truecompounding.net

Semaglutide Injections
Prescription Order Form

Date:_____

Patient's Name:_____

DOB:_____ **Phone Number:**_____

Directions: ☐ .25 mg ☐ .5 mg ☐ 1 mg ☐ Other:_____

Injected weekly.

Quantity: ☐ 30 days ☐ 90 days

Refills: _____

Provider's Name:_____

Phone Number:_____ **NPI:**_____

X_____
Dispense as written

X_____
Substitution permitted