



Pine Ridge Pharmacy
634-A Pine Ridge Dr, West Columbia, SC 29172
P: (803)-955-3404 | F: (803)-955-3406
PineRidgeRx.com

Semaglutide Injections

Prescription Order Form

Date: _____

Patient's Name: _____

Patient's Address: _____

DOB: _____ Phone Number: _____

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

Inject under the skin weekly.

Quantity: 30 days 60 days 90 days

Refills: _____

Provider's Name: _____

Phone Number: _____ NPI: _____

Dispense as written

Substitution permitted