



SUBLINGUAL SEMAGLUTIDE ORDER FORM

Patient's Name:	Prescriber's Name:
Street Address:	Street Address:
City, State ZIP:	City, State ZIP:
Date of Birth:	Office #:
Phone #:	Fax #:
Additional Contact #:	Patient Allergies:

PRESCRIBER'S SIGNATURE: **X** _____ DATE: _____

COMPOUNDED SUBLINGUAL SEMAGLUTIDE

1. ___ CMPD Semaglutide 1mg-1 ml in [SubMagna™ HMW](#)
2. ____ CMPD Semaglutide 2mg-1 ml in [SubMagna™ HMW](#)
 - i. ___ **Initial Dose:** Place 0.5ml under tongue for a minimum of 90 seconds (ideally as long as possible) then swallow once daily, increase to 1.0ml on second week. Do not eat for 30 minutes.
Other Doses:
 - ii. ___ Place 1.0ml under tongue for a minimum of 90 seconds (ideally as long as possible) then swallow once daily. Do not eat for 30 minutes.
 - iii. ___ Place 1.5ml under tongue for a minimum of 90 seconds (ideally as long as possible) then swallow once daily. Do not eat for 30 minutes.
 - iv. ___ Place 2.0ml under tongue for a minimum of 90 seconds (ideally as long as possible) then swallow once daily. Do not eat for 30 minutes. (If needed, 1 ml in AM after breakfast and 1 ml in PM after dinner)

Refills: (Number of refills indicated here refers to all medications prescribed above)

___ 1 Year ___ 5 ___ 3 ___ 1 ___ Zero

FDA does not review compounded medication for safety or efficacy. SubMagna™ HMW is a registered trademark of Kingdom Licensing.