



Semaglutide Injectable  
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 SEMAGLUTIDE INJECTABLE

1. \_\_\_ Semaglutide 2.5mg-ml Injectable

- i. \_\_\_ **Initial Dose:** Inject 0.25mg (0.1 ml) SQ once weekly for 4 weeks.
- ii. \_\_\_ Inject 0.5mg (0.2ml) SQ once weekly for 4 weeks.
- iii. \_\_\_ Inject 1.0mg (0.4ml) SQ once weekly for 4 weeks.
- iv. \_\_\_ Inject 1.5mg (0.6ml) SQ once weekly for 4 weeks.
- v. \_\_\_ Inject 2.0mg (0.8ml) SQ once weekly for 4 weeks.

- If you would like patient to use step therapy from 0.25mg to 2.0mg please initial here: \_\_\_\_\_  
\*Patient will increase dosage monthly until 2.0mg is reached.

FDA does not review compounded medication for safety or efficacy. Manufactured by BPI Labs.