

# GLP-1 INJECTABLE RX ORDER FORM



**S&J Argyle Pharmacy**  
101 Old Town Blvd. S. #102  
Argyle, TX 76226  
PH: 940-464-4500  
FAX: 940-464-4533

Patient Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## Semaglutide Options 1mg/mL

**Glycine 5mg/Semaglutide 1mg/mL Injections**  
QTY: \_\_\_ 2mL \$168 \_\_\_ 4mL (2x2mL) \$258 \_\_\_ 5mL \$268

**SIG:** Inject subcutaneously once weekly

\_\_\_ 0.25mg (0.25mL = 25 syringe units)

\_\_\_ 0.5mg (0.5mL = 50 syringe units)

\_\_\_ 1mg (1mL = 100 syringe units)

\_\_\_ Other \_\_\_\_\_

## Tirzepatide Options 12.5mg/mL

**Hydroxocobalamin 2.5mg/Tirzepatide 12.5mg/mL Injections**  
QTY: \_\_\_ 2mL \$198 \_\_\_ 4mL (2x2mL) \$298

**Glycine 5mg/ Tirzepatide 12.5mg/mL Injections**  
QTY: \_\_\_ 1mL \$148 \_\_\_ 2mL \$198 \_\_\_ 4mL (2x2mL) \$298

**SIG:** Inject subcutaneously once weekly

\_\_\_ 2.5mg (0.2mL = 20 syringe units)

\_\_\_ 5mg (0.4mL = 40 syringe units)

\_\_\_ Other \_\_\_\_\_

## Semaglutide Options 2.4mg/mL

**Glycine 5mg/Semaglutide 2.4mg/mL Injections**  
QTY: \_\_\_ 2mL \$198 \_\_\_ 4mL (2x2mL) \$298 \_\_\_ 5mL \$308

**SIG:** Inject subcutaneously once weekly

\_\_\_ 1.2mg (0.5mL = 50 syringe units)

\_\_\_ 1.68mg (0.7mL = 70 syringe units)

\_\_\_ 2.4mg (1mL = 100 syringe units)

\_\_\_ Other \_\_\_\_\_

## Tirzepatide Options 25mg/mL

**Hydroxocobalamin 2.5mg/Tirzepatide 25mg/mL Injections**  
QTY: \_\_\_ 2mL \$268 \_\_\_ 4mL (2x2mL) \$428

**Glycine 5mg/ Tirzepatide 25mg/mL Injections**  
QTY: \_\_\_ 2mL \$268 \_\_\_ 4mL (2x2mL) \$428 \_\_\_ 6mL (3x2mL) \$528

**SIG:** Inject subcutaneously once weekly

\_\_\_ 7.5mg (0.3mL = 30 syringe units)

\_\_\_ 10mg (0.4mL = 40 syringe units)

\_\_\_ 12.5mg (0.5mL = 50 syringe units)

\_\_\_ 15mg (0.6mL = 60 syringe units)

\_\_\_ Other \_\_\_\_\_

**REFILLS:** \_\_\_\_\_ Please note that each 2mL / 5mL vial has a beyond-use date of 60 days.

## MEDICAL RATIONALE REQUIRED (CHECK ONE)

- Patient requires additional drug component(s) to decrease risk of side effects or due to an underlying medical condition.
- Patient has a sensitivity, allergy, or intolerance to an ingredient in the commercially available product and/or requires avoidance.
- Patient requires a dose and/or route of administration that is unachievable with the commercially available product.

Please note that a medical rationale is required for all compounded medications by law. Compounded prescriptions without a medical rationale or with a rationale related to finances/insurance coverage cannot be filled and will be rejected by the pharmacy.

PRESCRIBER NAME: \_\_\_\_\_ NPI: \_\_\_\_\_ DEA: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CONTACT PERSON: \_\_\_\_\_

PRESCRIBER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_