

ORDER FORM

Fax orders to: 972-517-0400 or email to: rx@springcreekpharmacy.com

PRESCRIBER INFORMATION

CLINIC: _____
PRESCRIBER NAME: _____
ADDRESS: _____

PHONE NUMBER: _____
NPI NUMBER: _____
EMAIL: _____

PATIENT INFORMATION

PATIENT NAME: _____
PATIENT ADDRESS: _____

PHONE: _____
DOB: _____ GENDER: _____
ALLERGIES: _____
EMAIL: _____

Ship To: ☐ Patient ☐ Office
Bill To: ☐ Patient ☐ Office

Semaglutide/L-Carnitine 2.5mg/100mg/mL INJECTABLE SQ	Vial Size	Price	Qty (# of vials)
Using an INSULIN SYRINGE provided			
WEEK 1-2: Inject 0.25mg (10 units) SQ weekly			
WEEK 3-6: Inject 0.5mg (20 units) SQ weekly			
WEEK 7-8: Inject 0.75mg (30 units) SQ weekly			
WEEK 9: Inject 1.0mg (40 units) SQ weekly	2mL	\$100	
WEEK 10: Inject 1.0mg (40 units) SQ weekly			
WEEK 11-12: Inject 1.25mg (50 units) SQ weekly			
WEEK 13-14: Inject 1.5mg (60 units) SQ weekly			
WEEK 15-16: Inject 1.75mg (70 units) SQ weekly	4mL	\$150	
WEEK 17-18: Inject 2mg (80 units) SQ weekly			
WEEK 19+: Inject 2.25mg (90 units) SQ weekly			
Tirzepatide/L-Carnitine 20mg/100mg/mL INJECTABLE SQ			
Using an INSULIN SYRINGE provided			
WEEK 1-2: Inject 1.25mg (6.25 units) SQ weekly	1mL	\$150	
WEEK 3-4: Inject 3.75mg (18.75 units) SQ weekly			
WEEK 5-8: Inject 6.25mg (31.25 units) SQ weekly	2mL	\$200	
WEEK 9-12: Inject 8.75mg (43.75 units) SQ weekly			
WEEK 13-16: Inject 11.25mg (56.25 units) SQ weekly	3mL	\$250	
WEEK 17-20: Inject 12mg (60 units) SQ weekly			
WEEK 21+: Inject 15mg (75 units) SQ weekly	4mL	\$320	

Alt SIG:

Refill:

*Levocarnitine is included for this patient to optimize fatty acid metabolism, enhance energy production, preserve muscle mass, and improve metabolic efficiency. Precise titration is required based on the patients metabolic profile.

Physician Signature: _____ Date: _____