SPRING CREEK PHARMACY

ORDER FORM

Fax orders to: 972-517-0400 | Email: rx@springcreekpharmacy.com

PRESCRIBER INFORMATION	PATIENT INFORMATION
CLINIC:	**PATIENT NAME:**
PRESCRIBER NAME:	**PATIENT ADDRESS:**
ADDRESS:	**PHONE:**
PHONE NUMBER:	**DOB / GENDER:**
NPI NUMBER:	**ALLERGIES:**
EMAIL:	**EMAIL:**

Bill To: [ ] Patient [ ] Office **Order for:** [ ] Patient [ ] Office

Semaglutide/L-Carnitine 2.5mg/100mg/mL INJECTABLE SQ

DOSING SCHEDULE (using an insulin syringe provided)	VIAL	PRICE	QTY
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**	**$60**	
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**	**$100**	
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

DOSING SCHEDULE (using an insulin syringe provided)	VIAL	PRICE	QTY
WEEK 1-2: Inject 1.25mg (6.25 units) SQ weekly	**1mL**	**$80**	
WEEK 3-4: Inject 3.75mg (18.75 units) SQ weekly			
WEEK 5-8: Inject 6.25mg (31.25 units) SQ weekly	**2mL**	**$130**	
WEEK 9-12: Inject 8.75mg (43.75 units) SQ weekly			
WEEK 13-16: Inject 11.25mg (56.25 units) SQ weekly	**3mL**	**$200**	
WEEK 17-20: Inject 12mg (60 units) SQ weekly			
WEEK 21+: Inject 15mg (75 units) SQ weekly	**4mL**	**$250**	

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:** _____