

Semaglutide/B-12 Rx pad UPDATED 1-9-25

FOR _____ DOB _____ DATE _____

ADDRESS _____ PHONE _____

CHECK THE STRENGTH NEEDED:

- SEMAGLUTIDE /B-12 **0.25** MG -0.4mg / 0.5MLS
- SEMAGLUTIDE /B-12 **0.5** MG-0.4mg / 0.5MLS
- SEMAGLUTIDE /B-12 **1.0** MG-0.4mg / 0.5MLS
- SEMAGLUTIDE /B-12 **1.7** MG-0.4mg / 0.5MLS
- SEMAGLUTIDE /B-12 **2.4** MG-0.4mg / 0.5MLS

B-12 Compounding Reason(s): Please check one of the following to prevent delay(s) in filling prescriptions.

- ___ Vitamin deficiency
- ___ Nausea with name brand product
- ___ Other (please explain below)

REFILLS : _____

QUANTITY:

4 Single dose vials **SIG:**

REMOVE 1 VIAL FROM FREEZER AND LET DEFROST FOR 10 MINUTES. USING AN INSULIN SYRINGE, INJECT 0.5MLS (50 units) SUBCUTANEOUSLY INTO ABDOMEN WEEKLY. DISCARD THE VIAL AFTER USE. EACH VIAL IS A SINGLE DOSE USE ONLY. **STORE VIALS IN FREEZER UP TO 45 DAYS.**

MD SIGNATURE

Md Name: _____

Address: _____

City, State Zip: _____

Phone: _____

Fax: _____

NPI: _____

Fax to Franklins pharmacy at 940-322-7062