

Semaglutide/B-12 Rx pad UPDATED 7-3-23

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

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